

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

23669

1. PLACE OF DEATH

County Lin Registration District No. 502
 Township _____ Primary Registration District No. 4805
 City Marceline (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		<input checked="" type="checkbox"/>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)					
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.	
<u>about 65</u>	<u>-</u>	<u>-</u>	<u>-</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
	13. NAME				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
MOTHER	15. MAIDEN NAME				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
17. INFORMANT (ADDRESS)					
18. BURIAL, CREMATION, OR REMOVAL					
PLACE <u>Mt Olivet</u>		DATE <u>July 11 1933</u>			
19. UNDERTAKER (ADDRESS)					
<u>Geo M. Finkler</u>					
<u>Marceline Mo</u>					
20. FILED <u>July 12 1933</u>					
Registrar. <u>St. Julian</u>					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1933

22. I HEREBY CERTIFY That I attended deceased from July 11 to July 10, 1933
 I last saw h. July 10 alive on July 10, 1933 Death is said to have occurred on the date stated above, at 9:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Stroke by car, while walking on highway 36
 Date of onset _____

Other contributory causes of importance: none

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury July 10, 1933
 Where did injury occur? Highway 36 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Stroke by car
 Nature of injury Cerebral injury heart

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) St. Julian, M. D.
 (Address) Marceline Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PLAIN, WITH UNFADING INK--THIS IS A PERMANENT RECORD

AUG 26 1933

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