

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.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

26081

1. PLACE OF DEATH

35 County St. Louis
 Township Clay
 City (No.)

Registration District No. 288Primary Registration District No. 4172

File No.

Registered 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23, 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 — — —

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark13. NAME Harold Adams14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark15. MAIDEN NAME May Griffin16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark17. INFORMANT Harold Adams18. BURIAL, CREMATION, OR REMOVAL See19. UNDERTAKER Golden Land Co20. FILED Sept 1, 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23, 193322. I HEREBY CERTIFY, THAT I attended deceased from Lincoln to Lincoln, 19I last saw him alive on Aug 23, 1933 Death is saidto have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset38

Other contributory causes of importance:

38

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, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. P. Regan M. D.(Address) Reverett Mo.

