

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

Do not use this space.

1. PLACE OF DEATH

County Greene Registration District No. 830
Township _____ Primary Registration District No. 3017
City Trenton (No. _____) St. _____ Ward _____

File No. _____
Registered No. 26212
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. 4 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) <u>Single</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 27, 1882</u> | | | | |
| 7. AGE | YEARS <u>52</u> | MONTHS <u>11</u> | DAYS <u>23</u> | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shoe Shiner</u> | | | |
| | 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) <u>Trenton, Mo.</u> | | | |
| | 13. NAME <u>John W. Condey</u> | | | |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Harrison Co. Mo.</u> | | | |
| | 15. MAIDEN NAME <u>Mo.</u> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Zanesville Ohio</u> | | | |
| 17. INFORMANT (ADDRESS) <u>Mrs. John Marlow Trenton, Mo.</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL | | | | |
| PLACE <u>Maple Grove</u> | | DATE <u>Aug 23, 1933</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Gipsous Trenton Mo.</u> | | | | |
| 20. FILED <u>21 Aug 1933</u> <u>E. A. Diefel</u> Registrar. | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1933, to Aug 20, 1933
I last saw him alive on Aug 20, 1933 Death is said to have occurred on the date stated above, at 2300 a.m.
The principal cause of death and related causes of importance were as follows:
Influenza + Influenzal Pneumonia Date of onset Aug 14, 1933
Other contributory causes of importance: Acute Nephritis Do not know

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) D. R. Rooks, M. D.
(Address) Trenton 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

SEP 26 1933

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