

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.

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

Do not use this space.

30560

1. PLACE OF DEATH

County PikeRegistration District No. 689Township LouisianaPrimary Registration District No. 3033City Louisiana(No. 920)State Ohio

File No. _____

Registered No. _____

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. 920 Ohio

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

Black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Lyn Pearl

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

about 1883

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

about 50

OCCUPATION

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

Farm laborer

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)

Pike Co Mo

MOTHER FATHER

13. NAME

Mr Henry Anderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

(?)

15. MAIDEN NAME

Kennie Douglas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

(?)

17. INFORMANT (ADDRESS)

Matthias Douglas mo

18. BURIAL, CREMATION, OR REMOVAL PLACE

Knob-Like Co Mo

DATE

9/13 33

19. UNDERTAKER (ADDRESS)

J. C. Haery mo

20. FILED

9-11 1933J. C. Haery

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

9-111933

22. I HEREBY CERTIFY, That I attended deceased from

apv -1933

to

9-111933I last saw him alive on 9-11, 1933. Death is saidto have occurred on the date stated above, at 11:20 m.

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

Bright's disease

Date of onset

Other contributory causes of importance:

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?

If so, specify

(Signed)

J. M. Bergen, M. D.

(Address)

Louisiana Mo

