

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

Do not use this space.

32525

1. PLACE OF DEATH

County Clay Registration District No. 197
Township Gallatin Primary Registration District No. 5276
City Liberty, Mo., R2 (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

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. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1856
7. AGE YEARS 77 MONTHS - DAYS - If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26 1933
22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1933, to Oct 26, 1933
I last saw him alive on Oct 24, 1933 Death is said to have occurred on the date stated above, at 89 m.
The principal cause of death and related causes of importance were as follows:
Serulite

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) 4-2-29 11. Total time (years) spent in this occupation 40 1/2

Other contributory causes of importance:
16 1/2

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
13. NAME Wuthnow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wuthnow
15. MAIDEN NAME Wuthnow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wuthnow

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

FATHER 17. INFORMANT (ADDRESS) A. L. Kelsey
18. BURIAL, CREMATION, OR REMOVAL PLACE Chandler DATE 10/27/33
19. UNDERTAKER (ADDRESS) Chandler
20. FILED Oct 26, 1933 John S. Morton Registrar.

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. [Signature], M. D.
(Address) Liberty, 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.

1934

