

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

Do not use this space.

36948

PLACE OF DEATH

County Jefferson Registration District No. 420
Township Valle Primary Registration District No. 5374
City Fletcher (No. _____ St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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) Nov 19 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Fletcher (STATE OR COUNTRY) Mo

13. NAME Marvin Amsden

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

15. MAIDEN NAME Gertrude James

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

17. INFORMANT Marvin Amsden (ADDRESS) Fletcher

18. BURIAL, CREMATION, OR REMOVAL PLACE Fletcher DATE Nov 30 1938

19. UNDERTAKER Thurmas (ADDRESS) Fletcher

20. FILED 171 1938 D. L. Pegg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-30 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-29 1938, to 11-30 1938

I last saw him alive on 11-30 1938 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Respiratory Failure from unknown natural cause Date of onset 11/30/38

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Chupied Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1938

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) Chas. E. Sallet M. D.

(Address) Dr. Sallet, Mo.

N. B.—Every item of information should be carefully supplied. It 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

