

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

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.

JAN 4 1934

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

Do not use this space.

38809

1. PLACE OF DEATH

County Hamilton
Township Lucas
City (No.)

Registration District No. 824
Primary Registration District No. 6076

File No.
Registered No. 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs Rightmower</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 16 - 1863</u>				
7. AGE	YEARS <u>69</u>	MONTHS <u>8</u>	DAYS <u>22</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>Farm</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	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hamilton Ill</u>				
MOTHER	13. NAME <u> </u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u> </u>			
	15. MAIDEN NAME <u> </u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u> </u>				
17. INFORMANT (ADDRESS) <u>Chas Russell Esquire Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u> </u> DATE <u>11-9-33</u>				
19. UNDERTAKER (ADDRESS) <u> </u>				
20. FILED <u>11-9-1933</u> <u>Frank J. Adams</u> Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Nov - 8 - 1933</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>11-12-33</u> , 19 <u>33</u> , to <u>11-8-33</u> , 19 <u>33</u> . I last saw <u> </u> alive on <u>11-8-33</u> , 19 <u>33</u> . Death is said to have occurred on the date stated above, at <u>6</u> m. The principal cause of death and related causes of importance were as follows: <u>Influenza Pneumonia</u> <u>11A</u> <u>109A</u> <u>110</u>	
Other contributory causes of importance <u> </u>	
Name of operation <u> </u>	Date of <u> </u>
What test confirmed diagnosis? <u> </u>	Was there an autopsy? <u> </u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 19 <u> </u> Where did injury occur? <u> </u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u> </u>	
Manner of injury <u> </u>	
Nature of injury <u> </u>	
24. Was disease or injury in any way related to occupation of deceased? <u> </u> If so, specify <u> </u> (Signed) <u>H. T. Eady</u> , M. D. (Address) <u>Esquire Mo</u>	

