

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.

1. PLACE OF DEATH
County North
Township Madison
City Grant City, Mo.
Registration District No. 1112
Primary Registration District No. 6213
File No. 38979
Registered No. _____
St. _____ Ward _____

2. FULL NAME Manuel Bressler
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 75 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1850

7. AGE YEARS 82 MONTHS 1 DAYS 25 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Several days before death

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Rapids Iowa

13. NAME Henry Bressler

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

15. MAIDEN NAME Mary Seimiller

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

17. INFORMANT Wesley Bressler
(ADDRESS) Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Clair DATE Oct. 1, 1933

19. UNDERTAKER Arch C. Durrell
(ADDRESS) Grant City, Mo.

20. FILED Oct 4, 1933 Mo & Audrewe
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-29, 1933

I HEREBY CERTIFY That I attended deceased from Nov-29, 1933, to Nov-29, 1933

I last saw him alive on Nov-29, 1933 Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:
Emphysema in heart
fractured left hip

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Diagnosed by X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov-29, 1933
Where did injury occur? Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fractured hip

Nature of injury fractured hip

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify _____
(Signed) P. J. Ross, M. D.
(Address) Grant City, Mo.

