

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

Do not use this space.

39125

1. PLACE OF DEATH

County Bollinger Registration District No. 70
Township Wright's Bluff Primary Registration District No. 571.09
City Sedgewickville St. _____ Ward _____

File No. _____
Registered No. 151
St. _____ Ward _____

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 2 - 1905
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
30 10 6

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

13. NAME A. J. Stevens

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

15. MAIDEN NAME Craig

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

17. INFORMANT (ADDRESS) Craig Stevens

18. BURIAL, CREMATION, OR REMOVAL PLACE Co. R. DATE Dec 9 33

19. UNDERTAKER (ADDRESS) A. J. Baker

20. FILED 12/9 1933 P. S. [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 1933
22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1933, to Dec 8th, 1933
I last saw him alive on Dec 6th, 1933. Death is said to have occurred on the date stated above, at 10:4 m.
The principal cause of death and related causes of importance were as follows:

Acute nephritis
130
120B
Other contributory causes of importance Enteritis

Date of onset

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) Edward Critch, M. D.
(Address) Sedgewickville, 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.

JAN 3 1934

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

