

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

Do not use this space.

41121-6G

1. PLACE OF DEATH

91 County Ripley Registration District No. 750 File No. 12
Township Admire River Primary Registration District No. 5986 Registered No. 1209
City..... (No.) St. Ward)

2. FULL NAME Walter Arthur Christian

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 4, 1911

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
21 11 8

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. Farmer land

10. Date deceased last worked at this occupation (month and year) November 1, 1933 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley Co. Mo.

13. NAME Andrew Johnson Christian

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley Co. Mo.

15. MAIDEN NAME Martta Belle Taylor

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

17. INFORMANT Andrew Johnson Christian (ADDRESS) Jeff

18. BURIAL, CREMATION, OR REMOVAL PLACE Popes Chapel DATE Dec. 9 1933

19. UNDERTAKER J. R. Rands (ADDRESS)

20. FILED 12. 9. 1933 C. B. Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 6, 1933, to December 8, 1933
I last saw him alive on December 7, 1933 Death is said to have occurred on the date stated above, at 4:26 a.m.

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

Encephalitis Date of onset 12-6-33

Other contributory causes of importance:
Measles

Name of operation..... Date of.....

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

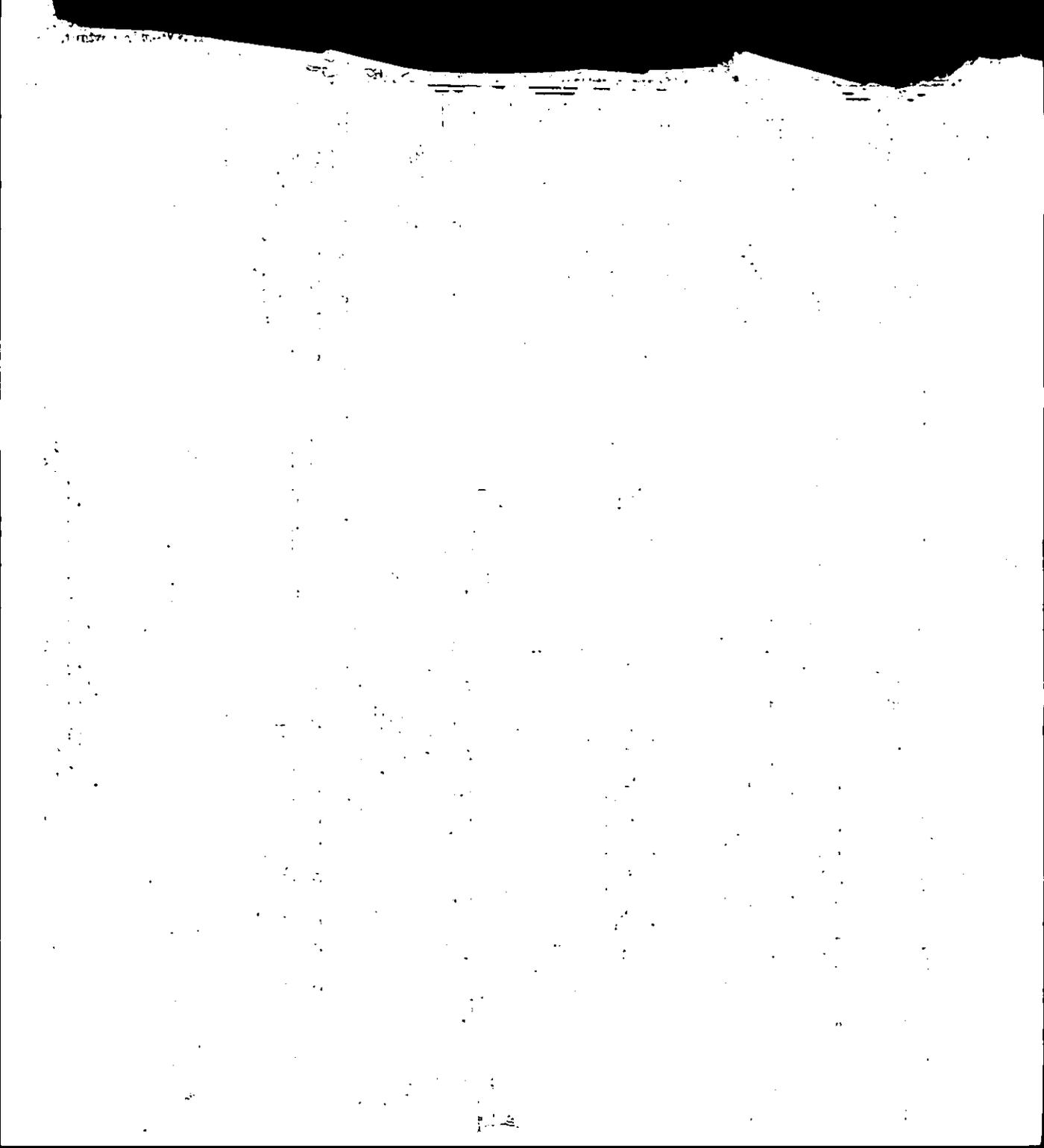
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

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? No
If so, specify.....

(Signed) J. E. Stillman M. D.
(Address) Ripley, Missouri



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Rapley Registration District No. 750
 Township Current River Primary Registration District No. 5786
 City (No. _____) St. 1209 Ward

File No. 41121
 Registered No. 12

2. FULL NAME

Noble Arthur Christian
 (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) S

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

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

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

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

MOTHER FATHER
 13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS)

20. FILED _____ 19 _____ 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 _____, to _____, 19_____

I last saw h..... alive on _____, 19..... Death is said to have occurred on the date stated above, at _____ m.

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

encephalitis (Date of onset _____)
and
meningitis
(non-bacterial)

Other contributory causes of importance

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) _____, M. D.
 (Address) _____

SUPPLEMENTARY

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHASES OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important.

ARE COMPLETE AS PRESCRIBED BY LAW. NOT RECEIVED

S-41121-6