

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

Do not use this space.

42403

1. PLACE OF DEATH

County Washington
Township Breath
City Potosi (No. _____)

Registration District No. 887
Primary Registration District No. 679

File No. _____
Registered No. 72
St. _____ Ward _____

2. FULL NAME

Aubrey Earl Metts

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 9 15

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

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) California Mo.

13. NAME Daniel E Metts

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

15. MAIDEN NAME Mary Ann Apperson

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

17. INFORMANT (ADDRESS) Mrs Ida E Metts

18. BURIAL, CREMATION, OR REMOVAL PLACE Ladonia Mo DATE Dec 3 1933

19. UNDERTAKER (ADDRESS) Sparks & Sparks
Potosi Mo

20. FILED Dec 3 1933 C.F. Creswell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 - 1933

22. I HEREBY CERTIFY That I attended deceased from 28 Nov 1933 to Dec 1 1933
I last saw him alive on Nov 28 1933 Death is said

to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:

Thrombosis Coronary Arteries

94B APR 1934
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 _____ 1933

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) Ed. H. [Signature] M. D.
(Address) Potosi 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.

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

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