

MAR 24 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

130-A

1. PLACE OF DEATH

County Bollinger
 Township Lamar
 City Marble Hill (No. _____)

Registration District No. 67Primary Registration District No. 4039

File No. _____

Registered No. 3

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

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFEllen Croder

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

June 25 - 1869

7. AGE

64

YEARS

MONTHS

DAYS

12

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Labour

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

Jonah Croder

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

Co Bollinger

15. MAIDEN NAME

Croder

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

Co Bollinger

17. INFORMANT (ADDRESS)

Ellen Croder

18. BURIAL, CREMATION, OR REMOVAL

PLACE Croder Cemetery DATE Jan 7 1934

19. UNDERTAKER (ADDRESS)

A. J. Beher

20. FILED

Jan 11 1934 Ch. Sanders

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan 7 1934

22. I HEREBY CERTIFY That I attended deceased from

Oct. 10 1933, to Jan. 7 1934I last saw him alive on Jan 4 1934 Death is saidto have occurred on the date stated above, at 8 A m.

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

Chronic MalariaDate of onset 1932 Aug.

Other contributory causes of importance:

Splenic enlargement and
varnemia

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? No

If so, specify _____

(Signed) Ch. Sanders, M. D.(Address) Marble Hill, 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.

