

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

Do not use this space.

3759

1. PLACE OF DEATH

County North

Registration District No. 906-

File No.

Township Allen

Primary Registration District No. 216

Registered No.

City (No.) 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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

6-1-1930

7. AGE

YEARS

MONTHS

DAYS

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

3

5

15

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)

Woodbury Mo

FATHER

13. NAME

Emmett L. Binsley

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

MOTHER

15. MAIDEN NAME

Frances Lynch

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

17. INFORMANT

(ADDRESS)

JO Bram

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DeWitt

DATE

11-17-34

19. UNDERTAKER

(ADDRESS)

Bram Bros

20. FILED

Nov 18

1934

Maye Long

Registrar

MEDICAL CERTIFICATE OF DEATH

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

11-16-1933

22. I HEREBY CERTIFY, That I attended deceased from

June, 1933 to Nov 16, 1933

Last saw him alive on Nov 16, 1933 Death is said

to have occurred on the date stated above, at L.P. m.

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

Arteriosclerosis
Myocardial insufficiency

Date of onset

2 1/2 yrs

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Autopsy 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

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)

James H. Love, M. D.

(Address)

DeWitt Mo

SECRET

[The page contains extremely faint, illegible markings and noise.]