Dr. Rohring

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

67 County Mississippi — Registration District No. 566 — File No. 5779

Township Lywaphy — Primary Registration District No. 5762 — Registered No. 32

City Charleston (No. ..... St. ..... Ward)

2. FULL NAME Charley Means

(a) Residence, No. Ed Ohmes Farm, Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 60 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 Colored

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31 1865

7. AGE — YEARS 68 — MONTHS 5 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) Charleston Mo.

FATHER

13. NAME Lige Means

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

MOTHER

15. MAIDEN NAME Aurelia Williams

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

17. INFORMANT (ADDRESS) William Means R.F.D. Charleston Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Grove DATE Feb 26 1934

19. UNDERTAKER (ADDRESS) Frank Lair Funeral Service Charleston Mo.

20. FILED Feby 26, 1934 F. S. Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH 8:30 A.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/11, 1933, to 7/29, 1933

I last saw h. 1M alive on 7/29, 1934. Death is said to have occurred on the date stated above, at 8:30 A m.

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

Neuro-syphilis — Date of onset P. K.

64

Other contributory causes of importance:

34

Name of operation none Date of

What test confirmed diagnosis? Wasserman 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?

If so, specify

(Signed) E. Chas. Rohring, M. D.

(Address) Charleston Mo

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

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.