

MAR 24 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County Monroe  
Township Monroe  
City (No. ....) (No. ....) (Ward)

Registration District No. 581  
Primary Registration District No. 5778

File No. 5799  
Registered No. 6

2. FULL NAME Charles Hinton LeFever

(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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jane Riley LeFever  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16-1847  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
86 3 12

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) Rolla Mo.13. NAME Jacob LeFever14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania15. MAIDEN NAME Lucy Davis16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania17. INFORMANT (ADDRESS) Mrs. P. R. Young18. BURIAL, CREMATION, OR REMOVAL PLACE Catland Cemetery DATE 2-30-193419. UNDERTAKER (ADDRESS) Monroe City, Mo.20. FILED 2/30/34 1934 O. W. Wilson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 193422. I HEREBY CERTIFY that I attended deceased from May 23 1933 to Feb 28 1934  
I last saw him alive on Feb 24 1934. Death is saidto have occurred on the date stated above, at 4:20 p. m.  
The principal cause of death and related causes of importance were as follows:Cerebral Hemorrhage Date of onset 5/23/33

Other contributory causes of importance

Name of operation Physician's Inquest  
What test confirmed diagnosis? Physician's Inquest Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury No, 1934Where did injury occur? No  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.Manner of injury No  
Nature of injury No24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify No(Signed) John H. Gibbs, M. D.  
(Address) Monroe City 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.

