

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.

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

Do not use this space.

MAR 24 1934

6063

1. PLACE OF DEATH

County Pike
Township Calumet
City Steed (No. _____)

Registration District No. 685
Primary Registration District No. 5909-13

File No. 21-
Registered No. 6
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 / 1851

7. AGE YEARS MONTHS Days IF LESS than 1 day, hrs. min.
82 7 14

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

MOTHER 13. NAME Meggs B Lewis

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

15. MAIDEN NAME Rebecca Grimes

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

17. INFORMANT Ben Lewis
(ADDRESS) Paysonville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Clarksville DATE 2-21 1934

19. UNDERTAKER J. Brown
(ADDRESS) Clarksville Mo.

20. FILED Feb 26 1934 W. H. Broadway
Registrar.

(12) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 1934, to FEB 20, 1934
I last saw him alive on FEB 7, 1934 Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

Uremia
Prostatic Stricture
years standing

Date of onset Dec 33

Other contributory causes of importance:
132 12
132 12

Name of operation none Date of _____
What test confirmed diagnosis? Physical 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? _____
If so, specify _____
(Signed) C. H. Bend head M. D.
(Address) Paysonville Mo.

