

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County Cedar
Township
City Eldorado Springs

Registration District No. 163
Primary Registration District No. 4095

File No. 12190
Registered No. 29
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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1934 to April 12, 1934
I last saw him alive on April 12, 1934 Death is said to have occurred on the date stated above, at 3 P. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1899

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

7. AGE YEARS 87 MONTHS 0 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

Arteriosclerosis Date of onset _____

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

Other contributory causes of importance: _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 30 years

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

FATHER 13. NAME Wm Mendenhall

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

15. MAIDEN NAME Mandy Perdian

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

17. INFORMANT Mrs Irma Mendenhall (ADDRESS) Eldorado Springs, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City (Cem) DATE 4-13 1934

19. UNDERTAKER Burns-Siders (ADDRESS) Eldorado Springs, Mo

20. FILED 4/13 1934 J.W. Dawson Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? None 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 2, 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) A. F. Williams M. D.
(Address) Eldorado Springs, Mo.

N. B.—Every item of information should be carefully supplied. Age should be stated. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

