

**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 Frank Co

Township Moreman

City (No. ....)

Registration District No. 266

Primary Registration District No. 5-387

File No. 12409

Registered No. 27

St. .... Ward

**2. FULL NAME**

(a) Residence, No. ....

(Usual place of abode)

St. ....

Ward. ....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 6 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)**

Married

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

Cora Birmingham

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

3-10-1878

**7. AGE**

YEARS

MONTHS

DAYS

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

56

—

23

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

State Foreman CCC 728

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

State Foreman CCC 728

**10. Date deceased last worked at this occupation (month and year)**

4-3

**11. Total time (years) spent in this occupation**

9

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Marion Co Mo

**13. NAME**

Staller Birmingham

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

Ireland

**15. MAIDEN NAME**

Ellen O'Brien

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

Ireland

**17. INFORMANT**

(ADDRESS)

Cora Birmingham

**18. BURIAL, CREMATION, OR REMOVAL**

PLACE

Masonic Cem

DATE 4-6

**19. UNDERTAKER**

(ADDRESS)

H. E. Schuler

**20. FILED**

8-5-34

Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

4-3

1934

**22. I HEREBY CERTIFY, That I attended deceased from**

April 2, 1934, to April 3, 1934

I last saw him alive on April 3, 1934. Death is said

to have occurred on the date stated above, at 5:15 p.m.

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

Date of onset

Remarks: intracranial, acute

42.9 93 C

**Other contributory causes of importance:**

Myocarditis, chronic  
2. Influenza, acute

**Name of operation**

none

Date of

**What test confirmed diagnosis?**

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)

Harold S. Kause

M. D.

(Address)

Salem, Mo CCC 728

