

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

Do not use this space.

MAY 25 1934

13996

1. PLACE OF DEATH

County W. Charles
Township Waverly
City Roostell (No. _____)

Registration District No. 760
Primary Registration District No. 5999

File No. 2
Registered No. 28
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 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8-1872
7. AGE YEARS 61 MONTHS 9 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None duties
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) Augusta Mo

13. NAME Christopher Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Mo

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Waverly Mo

17. INFORMANT (ADDRESS) Henry Roofker Roostell Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bluff Hill Mo DATE 4-25 1934

19. UNDERTAKER (ADDRESS) J. P. Atkinson Waverly Mo

20. FILED 4/24 1934 McCaldwell Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23 1934

22. I HEREBY CERTIFY, That I attended deceased from April 22 1934 to April 23 1934

I last saw him/her alive on April 23 1934. Death is said to have occurred on the date stated above, at 4 A m.

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

Angina Pectoris
9/4/34
Date of onset April 22

Other contributory causes of importance:

9/4/34
Name of operation _____ Date of _____
What test confirmed 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) Blaise Miller M. D.
(Address) Roostell Mo

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.

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