

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.

JUN 20 1934

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

Dr. Harrison

Do not use this space.

1. PLACE OF DEATH

County Andrain Registration District No. 26
Township Wilson Salt River Primary Registration District No. 3002
City Mexico mo (No. Andrain Co) Hospital _____ St. _____ Ward _____

File No. 15631
Registered No. 53

2. FULL NAME Charles Householder

(a) Residence, No. Thompson Mo, Andrain Co
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Annie P. Householder</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 17-1857</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>9</u>
	DAYS <u>15</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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 <u>life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clark Co. Ohio</u>		
FATHER	13. NAME <u>Daniel Householder</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Loudoun Va.</u>	
MOTHER	15. MAIDEN NAME <u>Nancy Jane King</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clark Co. Ohio</u>	
17. INFORMANT (ADDRESS) <u>Harry Householder, Mexico Mo, R 7 D</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mexico mo</u> DATE <u>May 4-1934</u>		
19. UNDERTAKER (ADDRESS) <u>McPheters Bros, Mexico mo</u>		
20. FILED <u>May 4-1934</u> <u>Blanche Neely</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-2-1934

22. I HEREBY CERTIFY, That I attended deceased from 4-5-1934 to 5-2-1934
I last saw him live on 5-2-1934 Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:
93D. Terminal Bronchial Pneumonia
82A
107A
Other contributory causes of importance:
Cerebral Hemorrhage
Myocarditis

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? No
If so, specify _____
(Signed) J. Harrison, M. D.
(Address) Mexico Mo

