

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

Do not use this space.

1. PLACE OF DEATH

County Caldwell
Township New York
City Cowdill

Registration District No. 98
Primary Registration District No. 5145

File No. 15931
Registered No. 6 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 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>wh</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>Mary A. Metz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 13, 1855</u>		
7. AGE <u>79</u>	YEARS <u>2</u>	MONTHS <u>25</u>
		DAYS <u> </u>
		If LESS than 1 day, <u> </u> hrs. or <u> </u> min.

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. <u> </u>
	10. Date deceased last worked at this occupation (month and year) <u>May 24</u>
11. Total time (years) spent in this occupation <u>life</u>	

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

13. NAME
Eli Metz

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

15. MAIDEN NAME
Sarah Swankent

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

17. INFORMANT
Mary A. Metz

18. BURIAL, CREATION, OR REMOVAL
Little Union

19. UNDERTAKER
W. L. Mead

20. FILED May 11 1934 Mrs. Ruth Hill

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1934, to May 8, 1934
I last saw him alive on May 7, 1934 Death is said to have occurred on the date stated above, at 3:50 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy
13C
Other contributory causes of importance:
acute dysentery

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? none

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) W. L. Mead, M. D.
(Address) Brazner, Mo.

JUN 20 1934

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.

