

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

Do not use this space.

1. PLACE OF DEATH
 County.....
 Township.....
 City.....
FULL NAME.....
 (a) Residence, No.
 (Usual place of abode)
 Length of residence in city or town where death occurred 40 yrs. 8 mos. 8 (ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. **791**
 Primary Registration District No. **1003**

File No. **18337**
 Registered No. **4810**

St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. **4. COLOR OR RACE** W. **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 27 - 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>65</u>	<u>6</u>	<u>13</u>	

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

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

10. Date deceased last worked at this occupation (month and year) 1931 **11. Total time (years) spent in this occupation.** 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manchester Mo

13. NAME Ray Hanson

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

15. MAIDEN NAME Lea Gubbe

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

17. INFORMANT (ADDRESS) Ray Hanson

18. BURIAL, CREMATION, OR REMOVAL PLACE Methodist Cemetery **DATE** May 4 34

19. UNDERTAKER (ADDRESS) W. B. Bredert

20. FILED MAY 11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/10, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/2, 1934, to 5/10, 1934
 I last saw him alive on 5/10, 1934 Death is said to have occurred on the date stated above, at 6:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Gangrene foot, right
arterio-sclerotic following
traumatic ulceration
minor
Struck foot against table accidentally while working
Bronchopneumonia

Date of onset 12/15
1931
97

Name of operation Amputation **Date of** 5/10/34
What test confirmed diagnosis? Ph. 28 **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** 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. B. Bredert, M. D.
 (Address) City, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 19 1934

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Registrar.

