

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

Do not use this space.

20083

File No. 263
Registered No. _____
St. _____ Ward)

1. PLACE OF DEATH

County Greene Registration District No. 314
Township Wright Primary Registration District No. 2001
City _____

2. FULL NAME

(a) Residence, No. 822 McCampbell St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) about 65
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 65 Widowed

OCCUPATION 8. Trade, profession, or particular kind of work done, e.g. miner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, e.g. 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) _____

MOTHER 13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) James Smith

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE June 5 1934

19. UNDERTAKER (ADDRESS) _____

20. FILED 5-8 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3 1934
22. I HEREBY CERTIFY, That I attended deceased from May 25 1934 to May 28 1934
I last saw him alive on May 28 1934 Death is said to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance were as follows:

① Hypertension
② Myo. Carditis
③ Chr. Nephritis

Other contributory causes of importance: _____
Name of operation _____ 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 _____, 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) Edward Satterly, M. D.
(Address) 214 1/2 Jefferson

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

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.

1934

051, 52, 53, 54

81
31
32

131
30
10
30

James Smith
James Smith
James Smith
James Smith

