

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

Do not use this space.

21138

**1. PLACE OF DEATH**

County Hannibal Registration District No. 547 File No. \_\_\_\_\_  
 Township Chesson Primary Registration District No. 3099 Registered No. 154  
 City HANNIBAL (No. St. Elizabeth Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. St. Elizabeth Hosp. Ward. PARIS, MO  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 12 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) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR 3, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 2 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER  
 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) MAY 1934 11. Total time (years) spent in this LIFE occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONROE Co. Mo.

FATHER 13. NAME F. M. SIMON

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

MOTHER 15. MAIDEN NAME JOANNA SCHEIDT SCHNEIDER

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

17. INFORMANT ED SIMON (ADDRESS) PARIS, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill Cem. DATE JUN 2 1934

19. UNDERTAKER SPEED - BLAKEY (ADDRESS) PARIS, MO

20. FILED June 1 1934 R. H. Schales Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 1934

22. I HEREBY CERTIFY that I attended deceased from May 15 1934 to June 1 1934  
 I last saw no alive on June 1 1934 Death is said to have occurred on the date stated above, at 2:45 p.m.  
 The principal cause of death and related causes of importance were as follows:

Date of onset \_\_\_\_\_  
Uremia  
Chronic nephritis  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Cults 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. P. Reichenow M. D.  
 (Address) 1101 B. Hwy Hannibal Mo

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.

AUG 2 1934

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