

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.

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

Do not use this space.

31581

SEP 19 1934

1. PLACE OF DEATH
 97 County Saline Registration District No. 792
 Township New Rich Primary Registration District No. 6033
 City (No) _____ St. _____ Ward _____

2. FULL NAME Charles Rogers Igo
 (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 31, 1863</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>0</u>
	DAYS <u>7</u>	IF LESS than 1 day, _____ hrs. or _____ 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>1932</u>	11. Total time (years) spent in this occupation <u>1/2</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
MOTHER	13. NAME <u>Feri Igo</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
	15. MAIDEN NAME <u>Haupe Dennis</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT <u>DH Goodlove</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Smith Chapel</u> DATE <u>Aug 10, 1934</u>		
19. UNDERTAKER <u>C. P. Campbell</u> (ADDRESS)		
20. FILED <u>Aug 10, 1934</u> <u>C. P. Campbell</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from held inquest Aug 8, 1934
 First saw him alive on _____, 19____ Death is said to have occurred on the date stated above, at 9 a. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset _____
82 A
67 M
 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?
 If so, specify _____
 (Signed) C. L. Lawless Coroner
 (Address) Mass. Hall

