

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.

OCT 16 1934

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

Do not use this space.

33197

1. PLACE OF DEATH
 49 County Wapeler Registration District No. 413
 Township Wapeler Primary Registration District No. H245
 City Wapeler Co. Wapeler's Hoop (No. 33390) St. _____ Ward _____
 2. FULL NAME Joseph H. Cather
 (a) Residence, No. _____ St. _____ Ward North City, 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. 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jda Cather
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1, 1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 8 25
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lead + zinc mine
 10. Date deceased last worked at this occupation (month and year) _____ If Total time (years) spent in this occupation 7

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep 25 1934
 22. I HEREBY CERTIFY, That I attended deceased from Sep 5 1934 to Sep 25 1934
 I last saw him alive on Sep 2 1934. Death is said to have occurred on the date stated above, at _____ a.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset 1925
 Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? T.B. Sp. t. Was there an autopsy? no
 23. If death was due to external cause (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? yes
 If so, specify _____
 (Signed) W. J. ... M. D.
 (Address) Wapeler, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wapeler Co., Mo.
 MOTHER FATHER
 13. NAME John Cather
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 15. MAIDEN NAME Profet
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT (ADDRESS) Records
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Waters Cem. DATE 9/27 1934
 19. UNDERTAKER (ADDRESS) North City, Mo.
 20. FILED 10-13 1934 Hairy A. Weaver Registrar.

