

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.

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

Do not use this space.

OCT 17 1934

33938

1. PLACE OF DEATH

County St. Genevieve Registration District No. 780
 Township St. Genevieve Primary Registration District No. 7466
 City St. Genevieve (No.) St. Ward)

2. FULL NAME

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 — — —

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Living at County Farm)
 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) 11. Total time (years) spent in this occupation.....

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

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT A. Brischle
 (ADDRESS) St. Genevieve, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Sept, 20, 1934

19. UNDERTAKER Geo. C. Baster
 (ADDRESS) St. Genevieve

20. FILED Sept 20, 1934 T.W. Douglas
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1934 to Sept 20, 1934

I last saw him alive on Sept. 19, 1934 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

Cardiac Asthama Date of onset 9-18-34

Other contributory causes of importance: Chronic Myocarditis 1925

Name of operation Date of
 What test confirmed diagnosis? Spinal 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) Arthur E. Sawyer, M. D.
 (Address) St. Genevieve Mo

