

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.

38308

1. PLACE OF DEATH

County Vermon Registration District No. 875
Township Washington Primary Registration District No. 6162
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 201

2. FULL NAME

Alexander Serier
(a) Residence, No. 2015 Hospital #3 St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 8 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1, 1869
7. AGE YEARS 76 MONTHS _____ DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) (STATE OR COUNTRY) NY

13. NAME Valentin Serier

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

15. MAIDEN NAME Margaret

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

17. INFORMANT Alexander Serier, Lamont
(ADDRESS)

18. BURIAL, CREMATION OR REMOVAL Knobnoster Mo. DATE Oct 5, 1934

19. UNDERTAKER Ferry Funeral Home
(ADDRESS) Verona Mo

20. FILED Oct 5, 1934 W. E. Buchinger
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1934 to Oct 4, 1934
I last saw him alive on 11, 11, 1934. Death is said to have occurred on the date stated above, at 8:35 a.m.

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

Arteriosclerosis
(Hypertensive)
9382
Other contributory causes of importance: Myocardial insuffic.
Date of onset ?

Name of operation none Date of _____

What test confirmed diagnosis? Clinical 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) J. T. O'Sullivan, M. D.

(Address) Newada Mo

