

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.

DEC 1 1 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County AndrewRegistration District No. 26

Township

Primary Registration District No. 3002

City

Meramec Mo (No. _____)

St.

Ward)

File No.

38416

Registered No.

167

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Angie Bass</u>		
5. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan - 5 1859</u>		
7. AGE <u>75</u>	YEARS <u>10</u>	MONTHS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Horse Trainer</u>		11. Total time (years) spent in this occupation. <u>30 yrs</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own Stables</u>		
10. Date deceased last worked at this occupation (month, and year) <u>Nov 15 - 1934</u>		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co Mo</u>
13. NAME <u>Unknown</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
15. MAIDEN NAME <u>Unknown</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
17. INFORMANT (ADDRESS) <u>Jos B Harris</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Emmwood Meigs</u> DATE <u>Nov 23 1934</u>
19. UNDERTAKER (ADDRESS) <u>H A Buecht & Son</u>
20. FILED <u>11-22 1934</u> <u>B Pauche Neely</u>

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 11-15, 1934, to 11-20, 1934.
I last saw him alive on 11-19, 1934. Death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris
Chronic degenerative
cardiac disease

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Jos B Harris, M. D.(Address) Meramec MoRegistrar. V

MAR 23 1948