

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 18 1934

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

Do not use this space.

1. PLACE OF DEATH

County Lin
Township Lin
City Marionville (No. 1)

Registration District No. 502
Primary Registration District No. 4305

File No. 39977
Registered No. 38
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 204 West Gate 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) July-30-1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 4 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

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) Brookfield Mo.13. NAME Charles Spiess14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marionville Mo.15. MAIDEN NAME Eveline Slavson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keytesville Mo.17. INFORMANT (ADDRESS) Charles Spiess
Marionville Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Mr. Oliver DATE Dec 1 193419. UNDERTAKER (ADDRESS) Gas M. Long Rhine
Marionville Mo.20. FILED 1274 1934 Oliver Barrett
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Nov 30, 1934, to Nov 20, 1934I last saw him alive on Nov 20, 1934. Death is saidto have occurred on the date stated above, at 5:30 p. m.

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

Lobar pneumoniaDate of onset
Nov 29

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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 _____, 1934

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) C. B. Putnam, M. D.(Address) Marionville Mo.

