

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.

JAN 10 1935

1. PLACE OF DEATH

County North
Township Allen
City Lawrence (No.)

Registration District No. 905-
Primary Registration District No. 6214

File No. 41798
Registered No. St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)
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 M 4. COLOR OR RACE W 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) 11-15-34
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
 14

OCCUPATION 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) Centerville Mo.

13. NAME Edw. Ferich

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

15. MAIDEN NAME Montis Woolcum

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Co. Mo.

17. INFORMANT Maud Woolcum (ADDRESS) Deer, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Long Star DATE Dec 1 1934

19. UNDERTAKER Frank (ADDRESS) Deer, Mo.

20. FILED Dec 34 Byron Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-30-34

22. I HEREBY CERTIFY, That I attended deceased from 11-20 1934 to 11-30 1934
I last saw him alive on 11-30 1934 Death is said to have occurred on the date stated above, at 6-4 m.
The principal cause of death and related causes of importance were as follows:
Date of onset

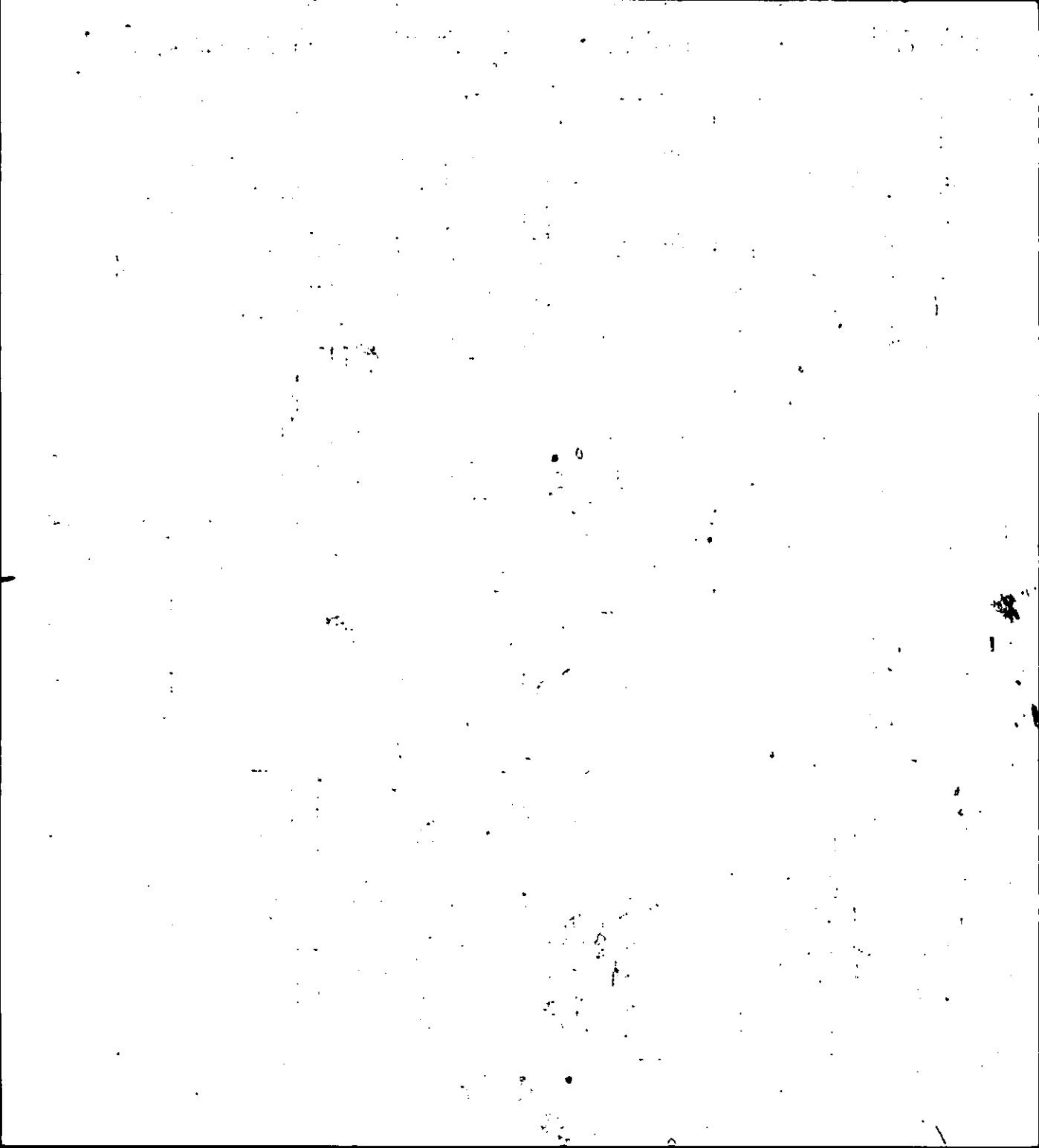
Spinal Meningitis
(non specific)
absorption of poison
from Ratulda
Other contributory causes of importance: Dietary

Name of operation 1198 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?
If so, specify
(Signed) Lewis H. Long M. D.
(Address)



**ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.**

..St. Ward:

(If nonresident, give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. da

(Address) 1000 110

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

JAN 31 1935

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