

41940

File No. 22
Registered No. _____
St. _____ Ward _____

County Bullington Registration District No. 6/08 File No. 252
Township Mayne Primary Registration District No. 5/08 Registered No. _____
City _____ (No. _____, _____ St. _____ Ward _____)

(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.
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 9* . 19*96*

22. I HEREBY CERTIFY, That I attended-deceased from
no physician worked 19.....
I last saw h. alive on him 19..... Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 3 - 1867*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	65	7	29	

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

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).....MO
(STATE OR COUNTRY)

13. NAME C. R. Phillo

14. BIRTHPLACE (CITY OR TOWN).....*MO*.....
(STATE OR COUNTRY)

15. MAIDEN NAME *Amanda Gabel*

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

17. INFORMANT Elmer W. Rinder
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Internally DATE Feb 4 1968

19. UNDERTAKER (ADDRESS) W. H. Baker
1111 1st St. N.E.

20. FILED 12-4-34 A.T. Sisk

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

I viewed body.
and think he died
from Blood Poison
Verdict of Coroner

Other contributory causes of importance:

Name of operation 1 Date of 1

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 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) J. Edgar Barker & Co., Inc.
(Address) Littleville, Mo.

