

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

Do not use this space.

JAN 12 1935

1. PLACE OF DEATH

County Brunswick  
Township Washington  
City Lawrence (No. \_\_\_\_\_, St. \_\_\_\_\_, Ward \_\_\_\_\_)

Registration District No. 875  
Primary Registration District No. 6162

File No. 45604  
Registered No. 230

2. FULL NAME

(a) Residence, No. State Hospital #3 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. 10 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) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1867  
7. AGE YEARS 67 MONTHS 9 DAYS 17 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) Ordas Co. Mo. (STATE OR COUNTRY)

13. NAME Jack Cacy  
14. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY)

15. MAIDEN NAME Sarah Salmon  
16. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY)

17. INFORMANT Mrs. Lushen Dixon (ADDRESS) Shelby, Tenn.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelby, Tenn. DATE Dec. 16, 1934

19. UNDERTAKER W. C. Diggins & Co. (ADDRESS) Shelby, Tenn.

20. FILED Dec. 20, 1934 M. Eichinger Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1934, to Dec. 15, 1934

I last saw him alive on \_\_\_\_\_, 1934. Death is said

to have occurred on the date stated above, at 10:20 P. M.

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

Arteriosclerosis  
Chronic myocardiopathy  
pulmonary stasis  
Date of onset ?  
10 ds.

Other contributory causes of importance: \_\_\_\_\_

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) T. P. Drelling, M. D.  
(Address) Meruda, Mo.

