

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

Do not use this space.

JAN 2 1935

1. PLACE OF DEATH

County Wayne
Township Lost Creek
City (No. City No. St. Ward)

Registration District No. 892
Primary Registration District No. 9189

File No. 45643
Registered No. 28

2. FULL NAME

Jesse Fremont Page

(a) Residence, No. Shook, Mo. St. Ward.

Length of residence in city or town where death occurred 8 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dont know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 1 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Delaware Co Ohio

13. NAME Joseph R Page

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

15. MAIDEN NAME Maria

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

17. INFORMANT (ADDRESS) Edith Haire Shook, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shiloh Cem DATE Dec 6-34

19. UNDERTAKER (ADDRESS) none

20. FILED Dec 5 1934 Mrs. Hattie McPha Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4 1934

22. I HEREBY CERTIFY, That I attended deceased from only sent medicine 1934

I last saw h. alive on _____, 19____. Death is said to have occurred on the date stated above, at 10 p. m.

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

Lobar Pneumonia 11 Date of onset 29-34

Other contributory causes of importance: age

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? If so, specify _____

(Signed) Jno. F. Wagner, M. D.
(Address) Greenville, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

