

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.

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

Do not use this space.

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1. PLACE OF DEATH

County Cole Registration District No. 213  
Township Jefferson Primary Registration District No. 3014  
City Jefferson (No.       ) St.        Ward       

File No.         
Registered No. 2  
St.        Ward       

2. FULL NAME

(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 5 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) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mollie Ann Pettis  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29-1860  
7. AGE YEARS 74 MONTHS 2 DAYS 1 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Librarian  
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) Cauden Co Mo

13. NAME Charles George

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

15. MAIDEN NAME Dorah Cauden

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

17. INFORMANT Mrs Geo George (ADDRESS) Jefferson Mo

18. BURIAL, CREMATION OR REMOVAL PLACE New City DATE Jan 5 34

19. UNDERTAKER Alban Danner (ADDRESS) Jeff City Mo

20. FILED 1/2/34 Orberford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1934  
22. I HEREBY CERTIFY that I attended deceased from Dec 1 1934 to Jan 2 1934  
I last saw him alive on Dec 31 1934 Death is said to have occurred on the date stated above, at 6:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy  
of arteriosclerosis  
Date of onset Dec 29

Name of operation        Date of         
What test confirmed diagnosis?        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) Jefferson M. D.  
(Address) Jefferson City Mo

