

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.

FEB 26 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County Linn  
Township Proosfield  
City Proosfield (No. \_\_\_\_\_)

Registration District No. 496  
Primary Registration District No. 3025

File No. 1953  
Registered No. 8  
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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	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) <u>Mar 25-1855</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>79</u>	<u>9</u>	<u>18</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Joiner</u>			
	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) <u>Jan 34</u>		11. Total time (years) spent in this occupation <u>30 3/4</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Springfield, Mo</u>				
FATHER	13. NAME <u>Mr. Warner</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Mrs. Bower</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>Mr. H. A. Schreiner</u> (ADDRESS) <u>Proosfield, Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Michaels</u> DATE <u>Jan 15, 1935</u>				
19. UNDERTAKER <u>Hunter &amp; Hollister</u> (ADDRESS) <u>Proosfield, Mo</u>				
20. FILED <u>Feb 9, 1935</u> <u>J. Sheas, M.D.</u> Registrar				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>1-13</u> , 19 <u>35</u>	Date of onset
22. I HEREBY CERTIFY, That I attended deceased from <u>12-29</u> , 19 <u>34</u> , to <u>1-13</u> , 19 <u>35</u>	
I last saw him alive on <u>1-13</u> , 19 <u>35</u> . Death is said to have occurred on the date stated above, at <u>3 p</u> m.	
The principal cause of death and related causes of importance were as follows: <u>Acute myocarditis</u>	<u>15 days</u>
Other contributory causes of importance: <u>Chronic arterial hypertension</u>	<u>3 yrs.</u>
Name of operation <u>None</u> Date of _____	
What test confirmed diagnosis <u>Pathol</u> Was there an autopsy? <u>no</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury _____, 19____ Where did injury occur? <u>none</u> (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? <u>no</u> If so, specify _____ (Signed) <u>John W. Taylor</u> , M. D. (Address) <u>Proosfield, Mo</u>	

