

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.

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

Do not use this space.

JAN 9 1935

4160

1. PLACE OF DEATH

County: Franklin Registration District No. 654
Township: Congard Primary Registration District No. 6174
City: _____ (No. _____) 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 5 18

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

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 COUNTY) St. Clair Mo

13. NAME Geo. Todd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co

15. MAIDEN NAME Ester Fiskie

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

17. INFORMANT Mrs. Bessie Quinn (ADDRESS) Meridian Point Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Franklin Mo DATE Jan 4 - 35

19. UNDERTAKER Sparks & Sparks (ADDRESS) Potosi Mo.

20. FILED 1-4 19 35 J. P. Yeager Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 - 1935

22. I HEREBY CERTIFY, That I attended deceased from # 12-29, 19 34 to 1-2, 1935

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 1:40 p.m.

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

Heart disease Date of onset _____

Other contributory causes of importance: _____

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? Yes

If so, specify _____

(Signed) J. P. Yeager, M. D.
(Address) Franklin Mo.

