

MAR 1 6 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No.)

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

M.

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

Don't know

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

1894 Jan. 15

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

41

1

22

OCCUPATION

8. Trade, profession, or particular kind of work done, as planer, 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)

13. NAME

Clara Payser

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

15. MAIDEN NAME

Don't know

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

17. INFORMANT

(ADDRESS)

Bertha Allen
Dachy Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACED IN

DATE

Feb 24 1935

19. UNDERTAKER

(ADDRESS)

Birmingham
Dachy Mo

20. FILED

Feb 24 1935

Sam O. Warner

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Feb 23 1935

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw h. alive on 19 Death is said

to have occurred on the date stated above, at 6 P.M.

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

Pulmonary tuberculosis

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?

If so, specify

(Signed)

(Address)

M. D.

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.

AUG 18 1955

JUL 8 1945