

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

Do not use this space.

MAY 3 1 1935

13626

1. PLACE OF DEATH.

County Charleston Registration District No. 566
 Township Leopold Primary Registration District No. 3030
 City Charleston (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 44

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) Leopold Mo.

Length of residence in city or town where death occurred yrs. mos. 5 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 Fairy Lightly
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1875
 7. AGE YEARS 59 MONTHS 9 DAYS 21 If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
 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) Berhard Mo. (STATE OR COUNTRY) _____

13. NAME She Lightly

14. BIRTHPLACE (CITY OR TOWN) Metropolis Ill. (STATE OR COUNTRY) _____

15. MAIDEN NAME Martha Lett

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

17. INFORMANT Hugh Wilson of St. Charles Mo. (ADDRESS) _____

18. BURIAL, CREMATION OR REMOVAL PLACE Oak Grove Cemetery DATE April 9, 1935

19. UNDERTAKER Frank P. Starnes (ADDRESS) Charleston Mo.

20. FILED April 10, 1935 J. S. Vermin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9 2 A.M. 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 4, 1935, to Apr 9, 1935.
 I last saw him alive on Apr 8, 1935. Death is said to have occurred on the date stated above, at 2 A.M.
 The principal cause of death and related causes of importance were as follows:

Septicemia (gases)
Pyelonephritis
 Other contributory causes of importance: _____
 Date of onset 4/7/35
D.K.

Name of operation none Date of _____
 What test confirmed diagnosis? guia 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) E. Ches. Ralving, M. D.
 (Address) Charleston, Mo.

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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