

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.

JUN 20 1935

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

Do not use this space. X

16060

1. PLACE OF DEATH

County Ray

Registration District No. 290

Township Barlow

Primary Registration District No. 4174

City Senath Mo (No. _____)

File No. _____

Registered No. 29

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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 14, 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 5 29

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

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) Senath Mo

13. NAME Joe W. Karpus

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

15. MAIDEN NAME Edith Shelby

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

17. INFORMANT (ADDRESS) Joe W. Karpus

18. BURIAL, CREMATION, OR REMOVAL

PLACE Senath Cemetery DATE May 13, 1935

19. UNDERTAKER (ADDRESS) M. Daniel General Services

20. FILED 6-1 1935 H. W. Pfeiffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1935, to May 13, 1935. I last saw h. alive on May 12, 1935. Death is said to have occurred on the date stated above, at 10 P. M.

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

Hydrocephalus 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) W. H. Sides, M. D.

(Address) Senath Mo

