

JUN 25 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

17223

1. PLACE OF DEATH

County MontgomeryRegistration District No. 592Township MontgomeryPrimary Registration District No. 4350City Montgomery 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 4 yrs. mos.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Husband of Mary Anderson

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

Feb 15 1847

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

88313

OCCUPATION

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

Retired

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)

Near New Truston Mo

FATHER

13. NAME

Unknown

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

Unknown

MOTHER

15. MAIDEN NAME

Hannah Aleya

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

Near New Truston Mo

17. INFORMANT (ADDRESS)

Mary Anderson Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Montgomery City Cemetery DATE May 21 1935

19. UNDERTAKER (ADDRESS)

Edwards Montgomery City Mo20. FILED May 20 1935 Okull Wehr Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 1935

22. I HEREBY CERTIFY, That I attended deceased from

Aug 1931 to May 18 1935I last saw him alive on May 15 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:

1. Nephritis, parenchymatous
2. Phosphorus poisoning
chronic

Date of onset
6 mos.
4 yrs.

Other contributory causes of importance:

Arterio-sclerosisNot known

Name of operation..... Date of.....

What test confirmed diagnosis? Phys. - Lab. 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) Brill Monroe, M. D.(Address) Montgomery City 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.

