

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 27 1935

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

Do not use this space.

17425

1. PLACE OF DEATH  
County Pike Registration District No. 689  
Township South Primary Registration District No. 3033  
City South (No. 118-5-8-1) St. 4 Ward)

2. FULL NAME Mike Michael  
(a) Residence, No. 118 5 8 1 St. 4 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 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) July 29 - 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hra. or .....min.  
79 10 1

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

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) Germany

13. NAME Elias Michael

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

15. MAIDEN NAME Wittig Jacobs

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

17. INFORMANT Bertie Michael  
(ADDRESS) Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Abraham DATE May 29 1935

19. UNDERTAKER W. B. B. B.  
(ADDRESS) Louisiana Mo

20. FILED 526 1935 S. Schley  
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 24 1935 to May 26 1935  
I last saw him alive on May 26 1935 Death is said to have occurred on the date stated above, at 3:30 P. m.  
The principal cause of death and related causes of importance were as follows:  
Hypertensive Congestion Date of onset 5-25-35  
Myocarditis 5-24-35  
Acute Nephritis  
Chronic Nephritis  
Diabetes  
Swiss  
German

Other contributory causes of importance  
Paralysis Cerebralis

Name of operation None Date of None  
What test confirmed diagnosis? None 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 Charles P. Lewellen, M. D.  
(Signed) Louisiana, Mo.  
(Address)

