

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.

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

Do not use this space.

18650

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

male

4. COLOR OR RACE

white

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

widowed

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

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

Nov. 1, 1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

79

6

27

OCCUPATION

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

Mrs. Pickle Factory

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)

Clark Co. Mo.

FATHER

13. NAME

Wm. S. Beard.

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

not known

MOTHER

15. MAIDEN NAME

not known

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

not known

17. INFORMANT (ADDRESS)

Mrs. Pearl Petroff.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

May 29, 1935

19. UNDERTAKER (ADDRESS)

Jno. A. Roberts

20. FILED

June 2, 1935 Byrdie G. Drake

Registrar

MEDICAL CERTIFICATE OF DEATH

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

May 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1935 to May 26, 1935

I last saw him alive on May 27, 1935 Death is said to have occurred on the date stated above.

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

Bronchopneumonia Date of onset May 19

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

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)

J.H. Keller

, M. D.

(Address)

Sansester MD

Brooklyn, N.Y.

My dear Sir,

Yours very truly,

Wm. Lloyd Garrison