

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 13 1935

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

Do not use this space.

18787

1. PLACE OF DEATH

County Warren Co. Registration District No. 681
 Township Bridge-Port Primary Registration District No. 6172
 City..... (No....., St..... Ward)

File No.....
 Registered No. 16

2. FULL NAME Artie Mae Christopher,

(a) Residence, No. Cash (Cash Island) Mo. 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 Female 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 OF Wm. Christopher,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23rd, 1884

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>50</u>	<u>7</u>	<u>23</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Rhinoland, (STATE OR COUNTRY) Mo.

13. NAME Ferd. Metzler,

14. BIRTHPLACE (CITY OR TOWN) Montgomery Co., (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Cora Hoying,

16. BIRTHPLACE (CITY OR TOWN) Montgomery Co., (STATE OR COUNTRY) Mo.

17. INFORMANT Joe Caldwell, (ADDRESS) 13 Clifton, No 184

18. BURIAL, CREMATION, OR REMOVAL PLACE Family Cemetery DATE May 17th-35

19. UNDERTAKER Barton Baker, (ADDRESS) Amorion, Mo.

20. FILED May 18 1935 A. W. Gehring Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1935

22. I HEREBY CERTIFY, That I attended deceased from May 8 1935 to May 15 1935
 I last saw him alive on May 14 1935 Death is said to have occurred on the date stated above, at 5 a. m.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset 5/7-35

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis? Clinical 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? No
 If so, specify.....
 (Signed) O. R. Rauschelback, M. D.
 (Address) Rhinoland Mo

