

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.

JUL 20 1935

19175

1. PLACE OF DEATH

County Carroll
Township Carroll
City Carroll (No. 143)

Registration District No. 143
Primary Registration District No. 5205

File No. _____
Registered 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Julius Christian</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 4, 1888</u>		
7. AGE	YEARS <u>47</u>	MONTHS <u>9</u>
	DAYS <u>7</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) Waverly
(STATE OR COUNTRY) Missouri

13. NAME don't know

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

15. MAIDEN NAME _____

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

17. INFORMANT J. E. Upples
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellevue DATE 6-12 1935

19. UNDERTAKER Norman White
(ADDRESS) London Mo

20. FILED 7-15- 1935 M. Cotton
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10th 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19 1935, to June 10th 1935.
That saw him alive on June 10 1935. Death is said to have occurred on the date stated above, at _____ m.

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

Chronic Interstitial Nephritis.
Date of onset Feb. 1935

Other contributory causes of importance:

Myocardial insufficiency

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) M. Cotton, M. D.

(Address) Van Buren

