

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 29 1935

1. PLACE OF DEATH

County Vernon
Township Washington
City _____ (No. _____)

Registration District No. 875
Primary Registration District No. 6162

File No. 21932
Registered No. 109
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. B. Creek Ward _____
(Usual place of abode) State Hospital #3 St.

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>wid.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wid.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 1859</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>?</u>	DAYS <u>?</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>
	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) Unknown

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. L. B. Beicourt (Daughter) Carterville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Webb City Mo DATE June 15, 1935

19. UNDERTAKER (ADDRESS) Webb City Mo

20. FILED June 15, 1935 M. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935, to June 15, 1935. I last saw him alive on June 1, 1935. Death is said to have occurred on the date stated above, at 2:35 P.M.

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

Arteriosclerosis
Chronic myocarditis - pulmonary edema June 4/35

Other contributory causes of importance: Chronic myocarditis - pulmonary edema June 4/35

Name of operation none Date of _____
What test confirmed diagnosis? clinical 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) I. J. O'Neil M. D.
(Address) Merada, Mo

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