

AUG 15 1935

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

Do not use this space.

22701

1. PLACE OF DEATH

County HenryRegistration District No. 314Township StarbuckPrimary Registration District No. 4190City Starbuck (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

M.

4. COLOR OR RACE

W.

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

Widower

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

widower

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

Feb. 29, 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

7748

OCCUPATION

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

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Steel mill

10. Date deceased last worked at this occupation (month and year)

1933

11. Total time (years) spent in this occupation

30 years

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

Sumner, MO

MOTHER FATHER

13. NAME

Orsa Mary

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

Ill.

15. MAIDEN NAME

Bessie Adams

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

Plant, MO

17. INFORMANT (ADDRESS)

Mr. G. A. Sherry, Starbuck, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Louis, Mo.

DATE

7/9/35

19. UNDERTAKER (ADDRESS)

W. H. Phillips, Starbuck, Mo.

20. FILED

7/91935J.C. P. Beulah

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 193522. I HEREBY CERTIFY, That I attended deceased from June 20, 1935, to July 8, 1935I last saw him alive on July 6, 1935. Death is saidto have occurred on the date stated above, at 1309 m.

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

Carcinoma(Urinary Bladder)

Date of onset

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 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) C. P. Beulah, M. D.(Address) Starbuck, Mo.

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.

Dr. S. E. Amington,

From 8-2-31
to 8-2-32

General Ledger

2