

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

Do not use this space.

SEP 18 1935

25758

1. PLACE OF DEATH

County Callaway Registration District No. 104
Township _____ Primary Registration District No. 3008
City Fulton (No. _____) St. _____ Ward _____

File No. _____

Registered No. 181

2. FULL NAME

(a) Residence No. Joe Steiert 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. 12 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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>-</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-13-1850</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>8</u>
	DAYS <u>11</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>Farm laborer</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) <u>St. Peters (St. Charles Co.)</u> (STATE OR COUNTRY) <u>Mo.</u>		

FATHER	13. NAME <u>DK</u>
	14. BIRTHPLACE (CITY OR TOWN) <u>DK</u> (STATE OR COUNTRY)

MOTHER	15. MAIDEN NAME <u>DK</u>
	16. BIRTHPLACE (CITY OR TOWN) <u>DK</u> (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hospital Grounds DATE Aug 25, 1935

19. UNDERTAKER (ADDRESS) J. J. Telles Fulton Mo.

20. FILED Aug 27 1935 R. N. Crews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1935, to Aug 24, 1935

I last saw him alive on Aug 23, 1935 Death is said

to have occurred on the date stated above, at 11¹⁵ A. m.

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

Chronic nephritis
Chronic myocarditis

Date of onset
DK

Other contributory causes of importance:

Broncho pneumonia 8-23-35

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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?

If so, specify _____

(Signed) Richard B. Bridgeman, M. D.

(Address) Fulton Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

