

SEP 23 1935

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

Do not use this space.

30110

1. PLACE OF DEATH

County Marion
Township Liberty
City Robinson No. _____

Registration District No. 548
Primary Registration District No. 5740

File No. _____
Registered No. 51
St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____
(Usual place of abode)

Ward _____

(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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
about 80 - - - - -

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

Jahson

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) MO

13. NAME unknown

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

15. MAIDEN NAME " "

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

17. INFORMANT M. H. Shauck
(ADDRESS) Robinson Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hannibal Mo.
Robinson Sept 5 - 1935

19. UNDERTAKER Geo E Roberts
(ADDRESS) Hannibal Mo

20. FILED 9-3- 1935 Bertrude del
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1935 to Sept 1, 1935

I last saw him alive on Sept 1, 1935. Death is said to have occurred on the date stated above, at 2.4 m.

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

face from Bruising,
Inflammation of
throat.

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 _____, 1935

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 J. D. Roelle, M. D.

(Signed) J. D. Roelle
(Address) Hannibal 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.

