

OCT 25 1935

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

Do not use this space.

30137

1. PLACE OF DEATH

County Thurgood
Township North Prairie
City Bertrand (No.)

Registration District No. 566
Primary Registration District No. 576 H

File No.
Registered No. 112 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 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OF FACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rhoda Jackson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 14, 1858</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>6</u>
	DAYS <u>19</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>Farmer</u>	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) (STATE OR COUNTRY)
Jefferson County, Ill.13. NAME
Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Unknown15. MAIDEN NAME
Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Unknown17. INFORMANT
(ADDRESS)
J. L. Shigar, Bertrand, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE
Oak Grove DATE
Sept 4, 193519. UNDERTAKER (ADDRESS)
Frank Jay Funeral Service, Charleston, Mo.20. FILED Sept 4, 1935 F. J. Deason Registrar.

MEDICAL CERTIFICATE OF DEATH 10:30 P.M.

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

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 10, 1935, to Sept 3, 1935I last saw him alive on Aug 20, 1935. Death is saidto have occurred on the date stated above, at 10:30 p.m.

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

myocarditis, chronic
935

Date of onset

Other contributory causes of importance:

none

Name of operation Date of

What test confirmed diagnosis? clinical 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? no

If so, specify

(Signed) W. H. Russell, M. D.(Address) Liberton, 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.

