

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.

W. W. [Signature]
 Oct 28 1935

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 789
 Township Central Primary Registration District No. 6033
 City St. Pleasant (No. St. Pleasant) Registered No. 229 (Ward)

2. FULL NAME

(a) Residence, No. St. Pleasant Ward. St. Pleasant
 (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 <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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 3-1935</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>1</u>	<u>9</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>nil</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) <u>St. Pleasant, Mo.</u>		
MOTHER	13. NAME <u>Chas. Schumaker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
	15. MAIDEN NAME <u>Anna Belle Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
17. INFORMANT (ADDRESS) <u>Chas. Schumaker</u> <u>Travel Agent, No. R#1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Free Free Bur.</u> DATE <u>9-13-35</u>		
19. UNDERTAKER (ADDRESS) <u>Dunham Bros.</u> <u>Overland, Mo.</u>		
20. FILED <u>9-12</u> 19 <u>St. Pleasant</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1935, to Sept. 12, 1935. I last saw him alive on Sept. 11, 1935. Death is said to have occurred on the date stated above, at 2:17 p.m. The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
 Date of onset 9-9-35

Other contributory causes of importance:
La-grippe
 Date 9-7-35

Name of operation No Date of —
 What test confirmed diagnosis? Planned 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) Ray A. Swisher, M. D.
 (Address) 2438 Woodson Rd.
Overland, Mo.

