

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.

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

Do not use this space.

DEC 12 1935

1. PLACE OF DEATH

County.....  
Township.....  
City..... (No. ....)

Registration District No. 791  
Primary Registration District No. 1008  
(No. *Cady Hospital #1*)

File No. 31463  
Registered No. 9378  
St. .... Ward)

2. FULL NAME

(a) Residence, No. *511 S. 2nd St.* St. *3* Ward. *25*

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Divorced*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-18*, 19*35*

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

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

I last saw h..... alive on....., 19..... Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. *Adult 66*

to 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:

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

Date of onset

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

*Lobar Pneumonia*

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

*108*

Other contributory causes of importance:

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

*Chronic Myocarditis*

13. NAME

Name of operation..... Date of.....

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

What test confirmed diagnosis?..... Was there an autopsy? *Yes*

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

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

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) *Harold O. Schulz, Coroner's Office*

Manner of injury.....

Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE *Polk's Field* DATE *11/6*, 19*35*

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) *Harold O. Schulz*, M.D.

(Address) *Polk's Field*

19. UNDERTAKER (ADDRESS) *Peets Bros., 3024 Lafayette*

20. FILED - 8.1935, 19..... *J.A. Bredeck* Registrar.

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