

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.

NOV 19 1935

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

32159

## 1. PLACE OF DEATH

County Cedar  
 Township E. Box  
 City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 163  
 Primary Registration District No. 2228

File No. \_\_\_\_\_  
 Registered No. 59  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence No. \_\_\_\_\_  
 (Usual place of abode)

St. \_\_\_\_\_ 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W H Brown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 26 1867</u>		
7. AGE <u>68</u>	YEARS <u>6</u>	MONTHS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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>Wis</u>		
13. NAME <u>Thomas Rexler</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wis</u>		
15. MAIDEN NAME <u>Mary Ann Henery</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wis</u>		
17. INFORMANT <u>Alice Brown</u> (ADDRESS) <u>El Dorado Spgs Mo R.R.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wright Ave</u> DATE <u>Nov 2</u> 19 <u>35</u>		
19. UNDERTAKER <u>Garolyn Rafusa</u> (ADDRESS) <u>El Dorado Spgs Mo</u>		
20. FILED <u>11-2-35</u> <u>J. W. Dawson</u> Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30 1935  
 22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1935 to Oct 30 1935  
 I last saw him alive on Oct 19 1935 Death is said to have occurred on the date stated above, at 122 m.

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

Cardiac Asthma

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 \_\_\_\_\_

(Signed) El Dorado Spgs Mo(Address) El Dorado Spgs Mo

170

MAR 23 1955

MAY 12 1955