

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 26 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

33111

1. PLACE OF DEATH

County Jasper
 Township Mineral
 City Ex Hospital (No. _____)

Registration District No. H/3
 Primary Registration District No. 5559C

File No. _____
 Registered No. 53
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 101 Gray St., Ward. Jasper
 (Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 7 mos. 17 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 16 - 1870</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>3</u>
	DAYS <u>14</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>Miner</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) Illinois13. NAME St. J. Abbott14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Martha Shurdick16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa17. INFORMANT (ADDRESS) Records18. BURIAL, CREMATION, OR REMOVAL PLACE Fairport DATE 11/1/3519. UNDERTAKER (ADDRESS) Harold Wood20. FILED 11/7 1935 Harry A. Weaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30 193522. I HEREBY CERTIFY, That I attended deceased from Mar 18 1928 to Oct 30 1935I last saw him alive on Oct 29 1935 Death is saidto have occurred on the date stated above, at 8 15 a.m.

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

Date of onset

TuberculosisOther contributory causes of importance: 3Name of operation No Date of _____What test confirmed diagnosis? Post Was there an autopsy? Yes

23. If death was due to external cause (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? YesIf so, specify mining(Signed) John E. Dargatzis, M. D.(Address) St. Louis City

