

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

Do not use this space.

35361

DEC 17 1935

1. PLACE OF DEATH

County Callaway

Township Caldwell

City

Registration District No. 109

Primary Registration District No. 5-59

File No.

Registered No. 677

St.

Ward

2. FULL NAME

(a) Residence, No. R # 7 New Bloomfield

(Usual place of abode)

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22nd. 1860

7. AGE

YEARS 75

MONTHS 9

DAYS 26

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Farmer.

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) Jan. 1935

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

13. NAME Issac Mirts.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

15. MAIDEN NAME Lindia Snider.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT Earnest Mirts.
R. (ADDRESS) New Bloomfield. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Carmel Church DATE Nov. 20th 1935

19. UNDERTAKER (ADDRESS) Erndon-Taylor Furn-Co. Fulton, Mo.

20. FILED Nov 10 1935 Ernest Mirts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-18, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1935, to Aug 30, 1935.

I last saw him alive on July 25, 1930 Death is said to have occurred on the date stated above, at 11 a.m.

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

Sudden death probably apoplexy

Date of onset

Other contributory causes of importance:

irregular diet, sclerosis of arterioles

Name of operation Date of

What test confirmed diagnosis? 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 Not necessary as

(Signed) Ernest Mirts, M. D.

(Address) R # 6 Fulton

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.

