

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

NOV 26 1935

36953

1. PLACE OF DEATH

County Reepes
Township Reepes
City Reepes (No. _____)

Registration District No. 677
Primary Registration District No. 4403

File No. _____
Registered No. 114 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5 - 1935

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 - 1935 to Nov 5 - 1935

I last saw him alive on Nov 5 - 1935 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 19 1872

to have occurred on the date stated above, at 12:30 p. m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 36 3 1 16

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

Chronic hepatitis

Date of onset

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

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 _____

Other contributory causes of importance:

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12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) R. B. Moore, Newburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Reepes DATE Nov 7 1935

19. UNDERTAKER (ADDRESS) Harry R. Moore, Reepes, Mo.

20. FILED Nov. 5 1935 Jan. 7, 1936 Registrar

Name of operation None 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 _____

(Signed) R. B. Moore, M. D.

(Address) Newburg, Mo.

WHITE PLAINLY, WITH OBTAINING INFORMATION TO A FURTHER EXTENT. 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

