

JAN 15 1936

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

Do not use this space

39015

1. PLACE OF DEATH

County Leone
Township Jefferson
City Jefferson (No.)

Registration District No. 213
Primary Registration District No. 3014

File No.
Registered No. 366
St. Ward

2. FULL NAME

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

Length of residence in city or town where death occurred yrs. mos. 2 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 <u>Martha Robins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 29 - 1859</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>5</u>
	DAY <u>2</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>Fanner</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>
	10. Date deceased last worked at this occupation (month and year) <u> </u>	11. Total time (years) spent in this occupation <u> </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leone Mo</u>		
FATHER	13. NAME <u>Jas Balou</u>	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leone Mo</u>
	15. MAIDEN NAME <u>Margaret Steel</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	17. INFORMANT (ADDRESS) <u>Mrs Paul Johnson, Rector</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Centertown Mo Jan 2 36</u>	
19. UNDERTAKER (ADDRESS) <u>Dawson, Tam</u>		
20. FILED <u>1/2/</u> 19 <u>36</u> <u>Dr. Beaufort</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31 35

22. I HEREBY CERTIFY That I attended deceased from Jan 1st 1936 to Dec 31 1935.
I last saw him alive on Dec 31 1885. Death is said

to have occurred on the date stated above, at 2 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis
Arteriosclerosis
Myocardial degeneration
Other contributory causes of importance

Date of onset
1933

Name of operation Date of
What test confirmed diagnosis Physicist 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) H. D. Taylor M. D.
(Address) Jefferson City Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

8/19/30

88

...

...

2