

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

Do not use this space.

JAN 16 1936

39331

1. PLACE OF DEATH

County Grundy
Township Trenton
City Trenton (No.)

Registration District No. 328
Primary Registration District No. 3017

File No.
Registered No.
St. Ward)

2. FULL NAME Jason Calhoun Engle

(a) Residence, No. W 14th 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bertha Lanier Engle</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 15 1865</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>7</u>	DAYS <u>19</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CR & P Ry.

10. Date deceased last worked at this occupation (month and year) 3 years (1930)

11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seymour, Indiana

FATHER

13. NAME William Engle

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

MOTHER

15. MAIDEN NAME unknown

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

17. INFORMANT Ralph Miller
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Muscare DATE Dec 5 1935

19. UNDERTAKER Shirley Funeral Home
(ADDRESS) Trenton Mo

20. FILED 12-5 1935 Dene D. Fair
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 December, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3 Dec 1935, to 3 Dec 1935

I last saw him alive on 3 Dec 1935. Death is said to have occurred on the date stated above, at 3 P m.

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

Coronary Thrombosis
Chronic myocarditis
Date of onset 6 or 8 years ago

Other contributory causes of importance:
Name of operation none Date of
What test confirmed diagnosis? phys findings 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) E. A. Duffy, M. D.
(Address) Trenton, 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.

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