

JAN 9 1935

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

Do not use this space.

39791

1. PLACE OF DEATH

County Backson

Registration District No. _____

Primary Registration District No. _____

File No. _____

Registered No. _____

St. 4034 Ward)

2. FULL NAME

(a) Residence, No. 633 Troost 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

Male

4. COLOR OR RACE

White

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

Married - separated

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

Dec. 26 1935

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

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

Unknown

7. AGE

about 43 YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

I HEREBY CERTIFY That I attended deceased from _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 1:30 p. m.

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

Date of onset

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

Bookkeeper

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

Bookkeeper

Artery sclerosis
Chronic bronchitis

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

11. Total time (years) spent in this occupation

Other contributory causes of importance

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

Lexington Mo

13. NAME

John Woods

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

Ohio

15. MAIDEN NAME

Mary Mulhern

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

St Louis Mo

17. INFORMANT (ADDRESS)

Mrs Mary Mulhern
914 Chestnut

18. BURIAL, CREMATION, OR REMOVAL PLACE

St Charles

DATE 12/28 35

19. UNDERTAKER (ADDRESS)

F. O. Smith Co
3756 Broadway

20. FILED

12/27 1935 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

Name of operation _____ Date of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 of injury _____ any way caused to occupation of deceased? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

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.

