

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.

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

Do not use this space.

40252

1. PLACE OF DEATH

County Warren
Township Jefferson
City Chilga (No. Marion West)

Registration District No. 511
Primary Registration District No. 1-4-1

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

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 66 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 <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>Augusta West</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 2 - 1860</u>		
7. AGE <u>76</u>	YEARS <u>6</u>	MONTHS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		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, months, and days) spent in this occupation <u>Life time</u>

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

FATHER	13. NAME <u>Unknown</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
MOTHER	15. MAIDEN NAME <u>Elisebeth Joyce</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

17. INFORMANT (ADDRESS)
Undersons West Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE High Gate DATE Dec 28 193519. UNDERTAKER (ADDRESS)
Debley Bros.20. FILED Jan 10 1936 Leanna Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26-1935
22. I HEREBY CERTIFY, That I attended deceased from the body after death to 1935
I last saw him alive on Dec 1-1935. Death is said to have occurred on the date stated above, at 7 A. M.
The principal cause of death and related causes of importance were as follows:

Acute Lingina Pectoris
Arteriosclerosis
Date of onset 11-25-35
Other contributory causes of importance: Second month

Name of operation None Date of _____
What test confirmed diagnosis Symptoms Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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. R. Funnell M. D.
(Address) Belle, Mo.

