

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.

4911

1. PLACE OF DEATH **CAPE GIRARDEAU**

County **Capre**

Registration District No. **125**

Township **Capre**

Primary Registration District No. **3009**

City **Capre**

No. **S. C. Mo. Hospital**

File No. **40**

Registered No. **40**

St. **Mo.**

Ward **Adwance**

2. FULL NAME **Christopher Columbus - Angle**

(a) Residence, No. **Adwance**

(Usual place of abode)

Mo. St.

Ward **Adwance**

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **30 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) **widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF **Mandy Angle**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 4 - 1862**

7. AGE

YEARS **73**

MONTHS **8**

DAYS **1**

If LESS than 1 day, ... hrs. or min.

OCCUPATION

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bellevue Co. Mo**

FATHER MOTHER

13. NAME **not known**

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

15. MAIDEN NAME **not known**

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

17. INFORMANT (ADDRESS) **Ray Angle**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Resident Hall MO** DATE **Feb 7 1936**

19. UNDERTAKER (ADDRESS) **Clay C. Morgan**

20. FILED **2-6**

1936

J. M. Thompson

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 6 1936**

22. I HEREBY CERTIFY, that I attended deceased from **Feb 10 1936** to **Feb 6 1936**

I last saw him alive on **Feb 6 1936** 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:

Chronic nephritis

Date of onset **5 yrs.**

Other contributory causes of importance:

Myocarditis

obstructive

Name of operation

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

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?

If so, specify

(Signed) **E. F. Schorn**

M. D.

(Address) **Jackson**

