

APR 21 1936

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

Do not use this space.

6675

1. PLACE OF DEATH

County

Township

City

(No.)

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

4. COLOR OR RACE

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

M

W

Divorced

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

Margaret Christian

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

Nov. 19th 1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

63

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19

OCCUPATION

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

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)

Mo

MOTHER

13. NAME

Mrs. Brewer

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

Not known

15. MAIDEN NAME

Manda Barber

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

Not known

17. INFORMANT (ADDRESS)

S. Perry Christian

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mt. Calvary

DATE

Feb 13 1936

19. UNDERTAKER (ADDRESS)

Frank J. Thompson

20. FILED

1936

Florence M. Cormier

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Feb - 10 - 1936

22. I HEREBY CERTIFY, That I attended deceased from

Feb 2 1936, to Feb 10 1936

I last saw him alive on Feb 3 1936. 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:

Carcinoma of Duodenum

of stomach

D

Other contributory causes of importance:

None

Name of operation

Clinical

What test confirmed diagnosis? Clinical

Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓

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) Dr. C. F. Cannon, M.D.

(Address) Leavenworth, 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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