

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

Do not use this space.

APR 27 1936

13722

1. PLACE OF DEATH

County Stoddard
Township Pike
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 834
Primary Registration District No. 6097

File No. _____
Registered No. 42

2. FULL NAME

(a) Residence, No. _____ 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 6 28

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

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) Harrisonburg (STATE OR COUNTRY) Ill.

13. NAME Jno Davis

14. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY) _____

15. MAIDEN NAME Cherry Hestkin

16. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY) _____

17. INFORMANT Jno Davis (ADDRESS) Painter mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bernie mo DATE 3/13 1936

19. UNDERTAKER Displinghoff & Hubbard (ADDRESS) Chaffee St. mo.

20. FILED 3-16- 1936 D. M. Kearley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/12 1936

22. I HEREBY CERTIFY, That I attended deceased from noon 1936, to 3/12 1936

I last saw him alive on 1/7 1936. Death is said

to have occurred on the date stated above, at 9a m.

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

Chronic Myocarditis Date of onset 1935-

Other contributory causes of importance _____

Name of operation _____ Date of _____

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 _____, 1936

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? Yes

If so, specify _____

(Signed) J. A. Chene M. D.

(Address) Bran mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

