

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

Do not use this space.

APR 27 1936

13831

1. PLACE OF DEATH

County Person
Township Washington
City (No.) (St.) (Ward ..)

Registration District No. 875
Primary Registration District No. 6162

File No.
Registered No. 87

2. FULL NAME

(a) Residence, No. State Hospital #3 St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 10 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 26 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1935, to Mar 26, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15, 1898

I last saw him alive on 4 11, 1936 Death is said to have occurred on the date stated above, at 4:54 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 4 11

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

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

Alzheimer's disease Date of onset 1930

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

Other contributory causes of importance: Myocardial infarct

13. NAME Bick Southard

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

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

15. MAIDEN NAME Margaret Hart

23. If death was due to external causes (violent) fill in also the following: Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, at home, or in public place.

17. INFORMANT (ADDRESS) Mr. J. S. Southard Laclede Mo.

Manner of injury
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Laclede Mo DATE Mar 36 1936

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

19. UNDERTAKER (ADDRESS) F. C. Wilkinson

(Signed) F. C. Wilkinson, M. D.
(Address) Thredda, Mo

20. FILED Mar 26, 1936 M. C. C. C. C. Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

