

MAY 19 1936

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

Do not use this space.

14304

1. PLACE OF DEATH

County Callaway
Township
City Fulton (No.)

Registration District No. 104
Primary Registration District No. 3008

File No.
Registered No. 115
St. Ward

2. FULL NAME Thomas Hayden Christopher(a) Residence, No. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred all life 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. T. H. Christopher
Fulton, Mo.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-17-1867

7. AGE YEARS 69 MONTHS 1 DAYS 16 If LESS than 1 day, hrs. or min.

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

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) Fulton (STATE OR COUNTRY) Mo.13. NAME Howell Christopher14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)15. MAIDEN NAME Frances Taylor16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)17. INFORMANT wife Mrs. T. H. Christopher (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fulton DATE 4/5 1936

19. UNDERTAKER Her. J. H. Taylor (ADDRESS) 20. FILED 4/4 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-4 193622. I HEREBY CERTIFY, That I attended deceased from Jany 1936, to April 3 1936I last saw h. alive on 4-3 1936 Death is saidto have occurred on the date stated above, at 12:50 A. m.

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

Cirrhosis of Liver
Myocardial Deficiency
Terminal Bronchial Pneumonia 4-1-36

Other contributory causes of importance:

chr. nephritis
grv. Arteriosclerosis

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? no.23. If death was due to external cause (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)

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) Richard B. Bridgeman, M. D.(Address) Fulton, 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.

