

MAY 19 1936

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

Do not use this space.

14313

1. PLACE OF DEATH

County Callaway
Township.....
City Fulton

Registration District No. 104
Primary Registration District No. 3008

File No.....
Registered No. 126
St..... Ward)

2. FULL NAME

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

Length of residence in city or town where death occurred yrs. mos. 2 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not Known

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 ✓

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

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) not known

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 Records State Hospital
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Grove Mo DATE 4-14, 1936

19. UNDERTAKER Fays & Stocklein
(ADDRESS) Pilot Grove, Mo

20. FILED 4/12/1936 R. N. Crew
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-10, 1936, to 4-12, 1936.

I last saw him alive on 4-11, 1936 Death is said to have occurred on the date stated above, at 1:15 a.m.

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

Pericious anaemia

Date of onset

Other contributory causes of importance:

Chronic nephritis
Hypertrophy of Prostate

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....., 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.

