

MAY 21 1936

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

Do not use this space.

15734

## 1. PLACE OF DEATH

County JeffersonRegistration District No. 423Township RockPrimary Registration District No. 5578City Brunswick (No. ....)

File No. ....

Registered No. 12

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. 2749 Arsenal 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3-18737. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 62 4 18. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

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) Iowa13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Mrs. Charles Engler 2871 Hampton Ave18. BURIAL, CREMATION, OR REMOVAL PLACE Maxwell, Mo DATE Apr 7, 193619. UNDERTAKER (ADDRESS) Wackerfeldt 777 So Edway20. FILED April 5, 1936 Phil J. Kirk Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said

to have occurred on the date stated above, at 6a m.

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

Unruptured held 4/4/36 Date of onsetVerdict of juryHeart Disease

Other contributory causes of importance:

Coronary thrombosis, or Angina Pectoris

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....., 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) Ch. Clement Jr M.D.(Address) Remington mo 4/4/36

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.

