

MAY 22 1936

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

Do not use this space.

16060

1. PLACE OF DEATH

County Mississippi
Township Springfield
City Charleston

Registration District No. 566
Primary Registration District No. 3030

File No. _____
Registered No. 61
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 18 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 18 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 F 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) Aug. 27, 1892

7. AGE YEARS 43 MONTHS 7 DAYS 25 If LESS than 1 day, ____ hrs. or ____ min.

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

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) Hickman County Ky.

13. NAME Thomas Lane Freeze

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickman County Ky.

15. MAIDEN NAME Rosie Belle Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickman County Ky.

17. INFORMANT (ADDRESS) Rosa D. Vaughn Charleston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE L. O. O. F. S. S. Temple DATE April 27 36

19. UNDERTAKER (ADDRESS) Frank Fay Funeral Service Charleston, Mo.

20. FILED 4-23- 1936 P. D. Deonon Registrar.

MEDICAL CERTIFICATE OF DEATH 12 Nov

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22 1936

22. I HEREBY CERTIFY That I attended deceased from April 1, 1936, to April 22, 1936

I last saw him alive on April 21, 1936. Death is said

to have occurred on the date stated above, at 12:30 pm.

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

Cardiac Insufficiency following Gastric-Enteritis (C) Date of onset 1 month
9321

Other contributory causes of importance:

Ch. Gastritis Cardiac Weakness (Myocarditis) 6-7 months or more

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? no

If so, specify _____

(Signed) W. S. Love, M. D.

(Address) Charleston, 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.

