

MAY 14 1936

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

Do not use this space.

791

17948

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City *St. Louis MO* (No. *City: Saintannum* St. Ward)

1003

File No.....

Registered No.....

4774

2. FULL NAME

(a) Residence, No. *1507 O'Beary* St. *9* 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Annice August</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov 17 1859</i>		
7. AGE	YEARS <i>76</i>	MONTHS <i>5</i>
	DAYS <i>11</i>	IF LESS than 1 day,hrs. ormin.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Cooper</i>	11. Total time (years) spent in this occupation.....
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Cooper</i>	
	10. Date deceased last worked at this occupation (month and year) <i>9-1934</i>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Camden Ohio

13. NAME
Unknown

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

15. MAIDEN NAME
Unknown

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

17. INFORMANT (ADDRESS)
O. C. Campbell 5400 Obernal St.

18. BURIAL, CREMATION, OR REBURY PLACE *New Bethel Camp* DATE *May 1, 1936*

19. UNDERTAKER (ADDRESS)
Math. Herman & Son 2161 East Fair Ave.

20. FILED (ADDRESS)
J. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 28 1936*

22. I HEREBY CERTIFY, That I attended deceased from *4-28 1936* to *4-28 1936*

I last saw him alive on *4-28 1936* Death is said to have occurred on the date stated above, at *10:30 a.m.*

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

<i>Bronchopneumonia</i>	Date of onset <i>4-14-36</i>
<i>Chronic nephritis</i>	<i>1-1-36+</i>
<i>Arteriosclerosis</i>	<i>1-1-36+</i>
<i>Chronic myocarditis</i>	<i>1-1-36+</i>

Name of operation..... Date of.....

What test confirmed diagnosis? *NPN X-ray* Was there an autopsy? *Yes*

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) *O. C. Campbell* M. D.

(Address) *5400 Obernal St.*

MAY 1 1936

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.

