

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.

JUL 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County *Christian*  
Township *July*  
City *July* (No. *184*)

Registration District No. *184*  
Primary Registration District No. *5255*  
*R#2 Gault mo*

File No. *18869*  
Registered No. *22*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. *R#2 Gault Mo.* 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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 3 - 1857*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*78 6 4*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Farmer*  
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) *Germany*

MOTHER FATHER 13. NAME *Unknown*

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

15. MAIDEN NAME

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

17. INFORMANT *JM Newman*  
(ADDRESS) *Gault Mo R#2*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Hopkale* DATE *May 9 1936*

19. UNDERTAKER *German & Johnson*  
(ADDRESS) *Springfield Mo*

20. FILED *July 8 1936* *Luella Leonard*  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/7 1936*

22. I HEREBY CERTIFY, That I attended deceased from *1933*, 19\_\_\_\_, to *May 5*, 19\_\_\_\_

I last saw him alive on *May 5*, 19\_\_\_\_. Death is said to have occurred on the date stated above, at *100 m. May 6 1936*.  
The principal cause of death and related causes of importance were as follows:  
Date of onset \_\_\_\_\_

*Cardiac Renal Disease*

Other contributory causes of importance:  
*Complicated by Hypertension*  
*Arteriosclerosis*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ (this an autopsy?) \_\_\_\_\_

23. If death was due to external cause (violence, burn) also the following: Accident, suicide, or homicide? \_\_\_\_\_ of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city, 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) *William L. Trench M.D.*  
(Address) *Spa Springs Mo*

