

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township General
City St. Charles Hospital (No. _____)

Registration District No. 413
Primary Registration District No. 5559c

File No. 23298
Registered No. 29
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Jasper
(Usual place of abode)
Length of residence in city or town where death occurred 7 yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 28 - 1880</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>9</u>
	DAYS <u>1</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>	11. Total time (years) spent in this occupation _____
	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) _____	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

FATHER
13. NAME Thomas James
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER
15. MAIDEN NAME Georgia Morrison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Health Records

18. BURIAL, CREMATION, OR REMOVAL PLACE St. R. Maus DATE 7-2 1936

19. UNDERTAKER (ADDRESS) Cooper Funeral Home

20. FILED 7-3 1936 Harry A. Weaver Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1936
22. I HEREBY CERTIFY, That I attended deceased from Apr 27 to June 29 1936
I last saw him alive on June 29 1936 Death is said to have occurred on the date stated above, at 10 m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Sclerosis
Other contributory causes of importance _____

Name of operation None Date of _____
What test confirmed diagnosis? Post-mortem 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) John E. Dargatzis, M. D.
(Address) St. Charles City

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Weaver
Oronogo