

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.

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

Do not use this

23689

AUG 27 1936

1. PLACE OF DEATH

County Portage
Township Portageville
City Portageville (No. 1)

Registration District No. 607
Primary Registration District No. 5806

File No. 31
Registered No. 31
St. Mo.

2. FULL NAME

(A) Residence, No. 1 St. 1 Ward. 1
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) 4-2-1872

7. AGE YEARS 64 MONTHS 2 DAYS 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Oakland, Mass.

13. NAME The Rev. G. J. ...

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

15. MAIDEN NAME Mary ...

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

17. INFORMANT (ADDRESS) Chas. Scott

18. BURIAL, CREMATION, OR REMOVAL PLACE Scott County, Mo.

19. UNDERTAKER (ADDRESS) Portageville, Mo.

20. FILED 8-7-1936 Mary W. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-10-1936

22. I HEREBY CERTIFY, That I attended deceased from 7/20-1935 to 6/10-1936

I last saw him alive on 4/10-1936 Death is said to have occurred on the date stated above, at 12 m.

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

Chronic Parenchymatous Nephritis, with Pericarditis.

Other contributory causes of importance:

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) J. W. Bess, M. D.
(Address) Portageville, Mo.

Antony