

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.

AUG 28 1936

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

Do not use this space.

27791

1. PLACE OF DEATH

County St. Francois
 Township St. Francois

Registration District No. 773
 Primary Registration District No. 6018A

File No. _____
 Registered No. 135 St. _____ Ward _____

2. FULL NAME

(a) Residence No. St. Francois St., _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2 - 1866

7. AGE YEARS MONTHS DYS If LESS than 1 day, _____ hrs. or _____ min.
70 4 11 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Don't know

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) Don't know

13. NAME Mrs. Dusing

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

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Martin Dusing

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Francois Cemetery DATE July 20 1936

19. UNDERTAKER (ADDRESS) Farmington, Indeo

20. FILED July 19 1936 T. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1936

22. I HEREBY CERTIFY, That I attended deceased from July 17 1936 to July 18 1936

I last saw him alive on July 17 1936 Death is said to have occurred on the date stated above, at 11 P. m.

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

General Atherosclerosis
myocardial changes
1860s

Other contributory causes of importance:

Fell over July 17 36.
causing the fall
to hit probably fatal

Name of operation _____ Date of _____
 What test confirmed diagnosis Cerebral Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury July 17, 1936

Where did injury occur? at County Infirmary (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. located near Farmington Mo

Manner of injury fall on ward

Nature of injury injury to hip

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) [Signature] M. D.
 (Address) [Address]

