

OCT 1 1936

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

Do not use this space.

33507

## 1. PLACE OF DEATH

County Wright  
Township Montrose  
City Montrose (No.       )Registration District No. 908  
Primary Registration District No. 6222File No.         
Registered No. 41  
St.        Ward       

## 2. FULL NAME

(a) Residence, No.        St.        Ward         
(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

## MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elma Hbsher6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 - 18957. AGE YEARS 41 MONTHS        DAYS 23 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmwork  
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) Wright Co. Mo.13. NAME Marion Hbsher14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Edith Workman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.17. INFORMANT Elma Hbsher (ADDRESS) Montrose18. BURIAL, CREMATION, OR REMOVAL PLACE Montrose DATE 8/23 193619. UNDERTAKER Elma J. Paulding (ADDRESS) Montrose Mo.20. FILED 8-22 1936 36 Service Montgomery Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 21 1936

22. I HEREBY CERTIFY, That I attended deceased from

, 19      , to       , 19      I last saw him alive on       , 19      . Death is saidto have occurred on the date stated above, at 10 A.

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

Mortal Insufficiency  
depression and  
without medical aid  
he had suffered with this  
condition for several  
years

Other contributory causes of importance:

Name of operation 922 Date of       What test confirmed diagnosis?        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?       If so, specify       (Signed) F. A. Stoffe Coroner(Address) Manfield Mo.

