

UCT 21 1936

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

Do not use this space.

33908

1. PLACE OF DEATH

County Chariton Registration District No. 169
Township Missouri Primary Registration District No. 5249
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 34

2. FULL NAME Theodore French Saul Jr.

(a) Residence, No. Keytesville, 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. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9 - 1936
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Keytesville, Missouri
13. NAME Theodore French Saul
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Martinsburg, Mississippi

15. MAIDEN NAME Mildred Dora Wellman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dalton, Missouri

17. INFORMANT (ADDRESS) Theodore French Saul Jr., Keytesville, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Dalton, Mo. DATE Sept 15, 1936

19. UNDERTAKER (ADDRESS) None

20. FILED Sept 15, 1936 Harry E. Fite Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1936 to Sept 14, 1936
I last saw him alive on Sept 14, 1936 Death is said to have occurred on the date stated above, at 7 P. m.

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

Cerebral hemorrhage (Birth injury) Date of onset 7-9-36

Other contributory causes of importance: None

Name of operation None Date of _____
What test confirmed diagnosis? Cholesterol 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) F. J. Adams, M. D.
(Address) Salisbury, Mo.

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.

