

DEC 3 1936

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

Do not use this space.

38605

## 1. PLACE OF DEATH

County PerryRegistration District No. 668Township CentralPrimary Registration District No. 3878

City (No. )

St. Ward

## 2. FULL NAME

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

## 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) June 19-19367. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 3 26

OCCUPATION

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. Child

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) Perry Co. Mo.13. NAME Willie Huber14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.15. MAIDEN NAME Dela Huber16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.17. INFORMANT (ADDRESS) Willie Huber Perryville Mo #218. BURIAL, CREMATION, OR REMOVAL PLACE Friendship Mo. DATE Oct 18, 193619. UNDERTAKER (ADDRESS) Young & Fenwick Perryville Mo20. FILED Oct 16, 1936 John Zoellner Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15, 193622. I HEREBY CERTIFY that I attended deceased from Oct. 14, 1936 to Oct. 15, 1936I last saw him alive on 10-14-36, 19... Death is saidto have occurred on the date stated above, at 2:15 a.m.

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

Meningitis (non-bacterial) Date of onset 10-12-36

Other contributory causes of importance

Name of operation Cholera Infantum Date of 10-12-36

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) D. L. L. Kelly, M. D.(Address) Perryville, Mo.

Zell.

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.

AINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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