

DEC 4 1936

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

Do not use this space.

40054

1. PLACE OF DEATH

County Scott
Township Sylvania
City _____ (No. _____)

Registration District No. 820
Primary Registration District No. 6069

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

2. FULL NAME

(a) Residence, No. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1/27/1916</u>		
7. AGE <u>20</u>	YEARS <u>8</u>	MONTHS <u>24</u>
		DAYS <u>24</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farm hand</u>
	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) <u>Advance</u> <u>Stewart</u>
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13. NAME <u>John Amherst</u>

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scott Co</u>

15. MAIDEN NAME <u>Mary Heisserer</u>
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16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scott</u>
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17. INFORMANT (ADDRESS) <u>Frank Power</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Catholic Cemetery</u>

19. UNDERTAKER (ADDRESS) <u>P. D. Heisserer Co</u>

20. FILED <u>11/9/36</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>10/21</u> , 19 <u>36</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>10/14</u> , 19 <u>36</u> , to <u>10/21</u> , 19 <u>36</u> . I last saw him alive on <u>10/21</u> , 19 <u>36</u> . Death is said to have occurred on the date stated above, at <u>10:30 a.m.</u> The principal cause of death and related causes of importance were as follows: _____

Date of onset _____

Other contributory causes of importance <u>188</u> <u>Expanded Kidney</u>

Name of operation <u>Laparotomy</u>
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What test confirmed diagnosis? <u>See</u>
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Date of _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>See</u> Date of injury <u>10/13/36</u>
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Where did injury occur? <u>GRAN MO</u> (Specify city or town, county, and State)
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Specify whether injury occurred in industry, in home, or in public place. <u>Public</u>
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Manner of injury <u>Kicked by wife</u>

Nature of injury <u>Liver</u>

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) <u>C. Smith</u> , M. D. (Address) <u>Cape Girardeau</u> <u>MO</u>
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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.

