

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.

DEC 18 1936

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

Do not use this space.

40324

1. PLACE OF DEATH

County Bates
Township River Creek
City Adrian (No. _____ St. _____ Ward _____)

Registration District No. 47
Primary Registration District No. 4027

File No. _____
Registered No. 47

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 31 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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H. Arick
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23-1852
7. AGE YEARS 84 MONTHS 8 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
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) Winchester Virginia

13. NAME Joseph Moody

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winchester Virginia

15. MAIDEN NAME Nancy Manka

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dartmouth Penn

17. INFORMANT Chessie Pearce
(ADDRESS) Adrian Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Olivet DATE 11/6 1936

19. UNDERTAKER Heath and Sif
(ADDRESS) Adrian

20. FILED Nov. 7 1936 Ethel C. Stephens
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5, 1936 to November 4, 1936

I last saw him alive on Nov. 28 1936 Death is said to have occurred on the date stated above, at 9:50 P.M.

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

Gastro-enteritis

Other contributory causes of importance:

senility

Name of operation _____ Date of _____

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) E. C. Robinson, M. D.

(Address) Adrian, Mo.

