

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

Do not use this space.

41784

DEC 28 1936

1. PLACE OF DEATH

County Lamar Registration District No. 471
 Township Harvey Primary Registration District No. 4284
 City Quincy City No. _____ St. _____ Ward _____

File No. 4
 Registered No. 60

2. FULL NAME

Charles H Decker
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Decker
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31 - 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 2 20
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21 1936
 22. I HEREBY CERTIFY, That I attended deceased from Nov 22 1936 to Nov 22 1936
 I last saw him alive on Nov 21 1936. Death is said to have occurred on the date stated above, at 7:30 p.m. 1936.
 The principal cause of death and related causes of importance were as follows:
Arterio-sclerosis
Phis. Incom. of heart
and
Arterio-sclerosis
 Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 13. NAME Samuel Decker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 15. MAIDEN NAME Mary Tringum
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill
 17. INFORMANT (ADDRESS) Garry Shute
 18. BURIAL, CREMATION, OR REMOVAL City County DATE Nov 22 1936
 19. UNDERTAKER (ADDRESS) Wm. Russell
Peace City, Mo.
 20. FILED Jan 23 1937 Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes
 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. B. Wright, M. D.
 (Address) Peace City, 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.

