

JAN 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Saukhu Registration District No. 295
Township Meramec Primary Registration District No. 479
City Sullivan (No. 7) St. Ward

File No. 44321
Registered No.

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 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1936, to Dec 31, 1936.
I last saw him alive on Dec 31, 1936. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1866

to have occurred on the date stated above, at 4:30 A.M.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 70 7 15

Other contributory causes of importance:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trimmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Pulmonary congestion with cardiac dilation Date of onset 12/1/36

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bethyard

Sanity & cold
Name of operation Date of
What test confirmed diagnosis physical Was there an autopsy? No

MOTHER FATHER 13. NAME Geo. Alexander

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, town, county, and State)
Specify whether injury occurred in industry, , home, or in public place.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Transylvania

Manner of injury
Nature of injury

MOTHER 15. MAIDEN NAME Jane Barton

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) R.P. Pope, M. D.
(Address) Sullivan Mo.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Transylvania

17. INFORMANT (ADDRESS) Ms. Dove Williamson Sullivan Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cross Roads Cem. Jan 6, 1937

19. UNDERTAKER (ADDRESS) Chas. H. Skiffel Sullivan Mo.

20. FILED 17/31 19 36 Registrar

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.

