

JAN 19 1937

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

Do not use this space.

44705

1. PLACE OF DEATH

County *Cass*

Registration District No. *399*

File No.

Township *Green*

Primary Registration District No. *1002*

Registered No.

City *Manassas City*

No. *R. C. General Hospital*

St. *5284* (Ward)

2. FULL NAME

(a) Residence, No. *1407 Indiana* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *Wh* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12/6/36*

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

22. I HEREBY CERTIFY, that I attended deceased from *12/6/36* to *12/6/36*, 19*36*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 26, 1863*

I last saw him *live on* *4/30/19* Death is said to have occurred on the date stated above, at *4394*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 4 10

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at Home*
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.....

Stroke left from
Cerebral pneumonia
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Sweden*

Other contributory causes of importance:

13. NAME *Don't know*

Name of operation *in 1862* Date of operation

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Sweden*

What test confirmed diagnosis? *Caliper* Was there an autopsy?

15. MAIDEN NAME *Don't know*

23. If death was due to external cause (violence), fill in the following: Accident, suicide, or homicide? *Bludgeoned* Date of injury *12/6/36* U.S. Where did injury occur? *1607 Indiana St. Manassas, Va* (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Sweden*

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) *Albert C. Johnson 3709 Roberts*

Manner of injury *Bludgeoned*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Forest Hill* DATE *12-8-36*

Nature of injury

19. UNDERTAKER (ADDRESS) *Carroll - Davidson 3824 T. road*

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

20. FILED *Dec 7 1936 M. M. Brown Registrar.*

(Signed) *[Signature]* M. D.

(Address) *[Signature]*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

