

JAN 22 1936

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

Do not use this space.

Vol 45758
372

1. PLACE OF DEATH

County Pettis Registration District No. 163
Township Seclavia Primary Registration District No. 163
City Seclavia (No. Serry Hotel) St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. Serry Hotel St. Mo. Ward. 1
(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) Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9 1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
69 2 11.

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.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co. Mo.

FATHER 13. NAME John Riley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

MOTHER 15. MAIDEN NAME Ann McMurroch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) John J. Dugan
17 Lewis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 12-23-1936

19. UNDERTAKER (ADDRESS) McLaughlin Bros
Seclavia

20. FILED 12-20-1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20- 1936
22. I HEREBY CERTIFY, That I attended deceased from 1931 to Dec. 20 1936
I last saw him alive on Dec. 6 1936 Death is said to have occurred on the date stated above, at 7 P.M.
The principal cause of death and related causes of importance were as follows:

Embolus Coronary Arteries (Heart)
Myocarditis
Arterio Sclerosis
Date of onset 12/10/36
Other contributory causes of importance: 1934

Name of operation None Date of 1934
What test confirmed diagnosis? Clinical Was there an autopsy? No

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 MI
Nature of injury MI

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Thos. B. Kump, M. D.
(Address) Seclavia, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X7294

