

FEB 16 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

512

1. PLACE OF DEATH

County CassTownship AustinCity Katinka Crane AppRegistration District No. 147Primary Registration District No. 5810

File No.

Registered No.

St. Ward)

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

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F. Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Single

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

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

Mar 26th 1886

7. AGE

70 YEARS

MONTHS

DAYS

IF LESS than 1
day, ... hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as planner,
sawyer, bookkeeper, etc.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)

California Mo.

FATHER

13. NAME

John M. App

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

Penn.

MOTHER

15. MAIDEN NAME

Haretta Snider

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

Penn

17. INFORMANT

Mrs. Geo. Morris

(ADDRESS)

Archie Mo

18. BURIAL

X ~~Archie Mo~~ ~~Archie Mo~~PLACE Cass DATE Jan 24 1937

19. UNDERTAKER

Atkinson & Easterla

(ADDRESS)

Archie Mo

20. FILED

Jan 2 1937

Mrs. Donahue

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan 1 1937

22. HEREBY CERTIFY That I attended deceased from

Dec 29 1936 to Jan 1 1937

I last saw him alive on Dec 30 1936 Death is said

to have occurred on the date stated above, at 11:30 a.m.

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

Ribar Pneumonia Date of onset

Other contributory causes of importance:

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. M. G. L. L. L.

M. D.

(Address) Harrodsville 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.

