

FEB 16 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

547

1. PLACE OF DEATH

 20 County Cedar
 Township Benton

 Registration District No. 164
 Primary Registration District No. 5229

 File No. 198
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

 (a) Residence, No. _____
 (Usual place of abode)

St. _____ Ward _____

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Rosa Brown

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

Jan 21 - 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

751116

OCCUPATION

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

Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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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)

Indiana

13. NAME

James Brown

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

Indiana

15. MAIDEN NAME

Hansra Sarge

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

Indiana

17. INFORMANT (ADDRESS)

Mrs. Rosa Brown

18. BURIAL, CREMATION OR REMOVAL

PLACE Benton Co. Mo. DATE 1/17

19. UNDERTAKER (ADDRESS)

James Sarge

20. FILED

17 1937 Mrs. Mary Hufner Registrar

MEDICAL CERTIFICATE OF DEATH

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

1/16 1937

22. I HEREBY CERTIFY, That I attended deceased from

Dec. 2 1936 to 1-15 1937

I last saw him alive on _____, 19____ Death is said

to have occurred on the date stated above, at 7 a. m.

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

Cardio Renal
disease with
ascites

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) Mrs. Mary Hufner Reg. no.(Address) James Sarge 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.

1. The purpose of this document is to provide a comprehensive overview of the current status of the project and to identify the key areas that require further attention.

2. The project has been initiated in accordance with the requirements set forth in the project charter, and the initial phase of the project has been completed successfully.

3. The following table provides a summary of the project's progress to date:

Task	Status	Completion Date
Task 1: Initial Planning	Completed	10/15/2023
Task 2: Data Collection	In Progress	11/01/2023
Task 3: Analysis	Not Started	11/15/2023

4. The project is currently on track, and it is expected that the final deliverables will be completed by the end of the project period.

5. The following are the key areas that require further attention:

- Task 2: Data Collection - The data collection process is currently underway, and it is expected that the data will be complete by the end of the month.
- Task 3: Analysis - The analysis phase has not yet begun, and it is expected that the analysis will be completed by the end of the project period.

6. The project team is committed to ensuring that the project is completed on time and to the highest quality.