

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

Do not use this space.

813

FEB 6 1937

**1. PLACE OF DEATH**

County Douglas Registration District No. 280  
 Township Champion Primary Registration District No. 5391  
 City (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 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 Josephine wheat  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-22-1862  
 7. AGE YEARS 74 MONTHS \_\_\_\_\_ DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 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) Douglas Co. (STATE OR COUNTRY) \_\_\_\_\_

13. NAME John wheat

14. BIRTHPLACE (CITY OR TOWN) Douglas Co. (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) Douglas Co. (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mary Paupardin (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedrick DATE 3-8 1937

19. UNDERTAKER None (ADDRESS) \_\_\_\_\_

20. FILED Feb 10 1937 Joyce E. Roy Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-7 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1935 to March 7 1936  
 I last saw him alive on March 4 1936. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

myocardial infarction  
hypertension  
arteriosclerosis  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: anemia

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 \_\_\_\_\_, 1936

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 Le Ja Van moy M. D.

(Signed) \_\_\_\_\_ (Address) \_\_\_\_\_

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.

