

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

Do not use this space.

FEB 25 1937

1667

1. PLACE OF DEATH

County Jay
Township Lawrence
City Holmes (No. 2421)

Registration District No. 399
Primary Registration District No. 1002

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

2. FULL NAME

(a) Residence, No. 2421 Holmes 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 m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-7-1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>73</u>	<u>3</u>	<u>0</u>	<u>07</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 56

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT Albert Schnabel (ADDRESS) 2421 Holmes

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE Jan 28, 1937

19. UNDERTAKER John A. Munn (ADDRESS) 1415 21st

20. FILED Jan 26, 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24, 1937

22. I HEREBY CERTIFY that I attended deceased from _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred at the date stated above, at _____ P.M.

The principal cause of death and related causes of importance were as follows: Coronary thrombosis (Date of onset _____)

Other contributory causes of importance hypertension

Name of operation _____ Date of operation _____
What test confirmed diagnosis? analysis Is 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? _____ (to _____ 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 of injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) [Signature] _____, M. D.
(Address) _____

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.

