

MAR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Dunn
Township Brookfield
City Brookfield

Registration District No. 496
Primary Registration District No. 0020

File No. 7077
Registered No. 19
St. _____ Ward)

2. FULL NAME

(a) Residence No. 425 S. Monroe St. 3 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 11 17

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) Grundy Co. Missouri13. NAME Wm. Hogue14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.15. MAIDEN NAME D.K.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Ballou, Mo DATE Feb 17 193719. UNDERTAKER (ADDRESS) Hill Funeral Chapel Brookfield Mo20. FILED Mar 10, 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-15 193722. I HEREBY CERTIFY, That I attended deceased from 1/7 1937, to 1/15 1937

I last saw him alive on 1/15 1937 Death is said to have occurred on the date stated above, at 4:30 P m.

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

Chronic myocarditis
cerebral softening
131

Other contributory causes of importance:

Chronic Int Nephritis

Name of operation None Date of _____What test confirmed diagnosis? Urinal 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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. B. Engh M. D.(Address) Brookfield Mo

