

Dr. Beard

Appd 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cole
Township
City Jefferson (No.)

Registration District No. 213
Primary Registration District No. 3014

File No. 11657
Registered No. 112
St. Ward)

2. FULL NAME Horace B. Church, Jr.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 13 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Louise Pope Church

22. I HEREBY CERTIFY, That I attended deceased from 3/13/1937 to 3/13/1937. I last saw him alive on 3/13/1937. Death is said to have occurred on the date stated above, at 5:30 p. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-23-1869

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 67 9 19

Date of onset

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

Cerebral thrombosis

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

Other contributory causes of importance: arterio-sclerosis

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

12. BIRTHPLACE (CITY OR TOWN), Jefferson City, Missouri (STATE OR COUNTRY)

arterio-sclerosis 1935

13. NAME Horace B. Church, Sr.

Name of operation..... none Date of.....

14. BIRTHPLACE (CITY OR TOWN), Clarendon, N.Y. (STATE OR COUNTRY)

What test confirmed diagnosis?..... Was there an autopsy? no

15. MAIDEN NAME Catherine Clark

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

16. BIRTHPLACE (CITY OR TOWN), Holt County, Mo. (STATE OR COUNTRY)

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mary Louise Pope Church (ADDRESS) Jefferson City, Missouri

Manner of injury..... Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE River View Cem. DATE March-15-37

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

19. UNDERTAKER (ADDRESS) Jefferson City, Mo.

If so, specify (Signed) Sumner, M. D.

20. FILED 3/15/37 1937 Registrar [Signature]

(Address) Jeff. City Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

