

APR 21 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County LinnRegistration District No. 496Township BrookfieldPrimary Registration District No. 3025City BrookfieldFile No. 12481Registered No. 30

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. 209 S. Penn St. 4 Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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)

Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Do not know

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

Jan-29-1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

7918

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

Retired R.R. Conductor

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)

Linn

13. NAME

Richard Waters

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

Do not know

15. MAIDEN NAME

Margt. Presitt

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

Do not know

17. INFORMANT

(ADDRESS)

Miss Edna Forsythe  
Kansas City - 524 Knickerbocker

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rose Hill Cemetery DATE Mar 9 1937

19. UNDERTAKER

(ADDRESS)

Hill Funeral Chapel  
Brookfield

20. FILED

April 8, 1937 J. H. Deas Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8 193722. I HEREBY CERTIFY, That I attended deceased from 3-6 1937 to 3-8 1937I last saw him alive on 3/8 1937 Death is saidto have occurred on the date stated above, at 5 a. m.

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

Date of onset

2 dia

Other contributory causes of importance:

Hypertension - Arteriosclerosisand 1/2 lb. Stomach hardName of operation none Date of \_\_\_\_\_What test confirmed diagnosis? A. S. S. 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) J. H. Deas, M. D.(Address) Brookfield, Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

100M-23-32

