

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

Do not use this space.

APR 22 1937

File No. 12545
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County McDonald Registration District No. 518
Township _____ Primary Registration District No. 4-5-7-4
City Anderson (No. _____) St. _____ Ward _____

2. FULL NAME

John Berl Hires
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25-1894
7. AGE YEARS 42 MONTHS 10 DAYS 15 IF LESS than 1 day, _____ hrs. _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 10, 1937
22. I HEREBY CERTIFY, That I attended deceased from Sudden Death, 19____, to____, 19____
I last saw h. _____ alive on____, 19____. Death is said to have occurred on the date stated above, at 11:30 Am.
The principal cause of death and related causes of importance were as follows:

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

Chronic Valvular Disease of Heart Date of onset 1918
Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McDonald Co Mo
13. NAME Charles E Hires
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McDonald Co Mo
15. MAIDEN NAME Fannie Caldwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McDonald Co Mo

Name of operation _____ Date of _____
What test confirmed diagnosis? None Was there an autopsy? NO

17. INFORMANT Kenneth Caldwell (ADDRESS) Anderson Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Anderson Mo DATE 3/16 1937

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 _____

19. UNDERTAKER Geo Tatum Mier Co (ADDRESS) Anderson Mo

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____
(Signed) J B Buck, M. D.

20. FILED March 15 1937 Mrs Lee Harper Registrar.

(Address) Anderson, Mo.

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.

