MAY 7 1937

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

Do not use this space.

File No. 14966

Registered No. 4402

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County .....

Township .....

City St. Louis, Mo (No. ....., City Sanitarium St. ..... Ward)

2. FULL NAME Joseph Christison

(a) Residence, No. 2008 No. Wharf St., 26 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma Moon Christison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 1, 1888

7. AGE: Years 49 | Months 0 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

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OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): Jan. 1935

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Illinois

FATHER

13. NAME: Thomas Christison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Kentucky

MOTHER

15. MAIDEN NAME: Louise Picher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Virginia

17. INFORMANT (ADDRESS): W. L. Moore M. D. 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Winchester Ill DATE 4-28 1937

19. UNDERTAKER (ADDRESS): Danner Funeral Home Winchester Ill.

20. FILED APR 28 1937 19 J. H. Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/27/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/23/36, 19, to 4/27/37, 19. I last saw him alive on 4/27, 1937. Death is said to have occurred on the date stated above, at 5:00 P.M.

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

Bilateral Lobar Pneumonia 4-24-37 — Date of onset

Other contributory causes of importance:
Paresis (Luetic) 3-3-36-x

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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? .....

If so, specify .....

(Signed) W. L. Moore, MD, M. D.

(Address) 5400 Arsenal St.

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.

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