

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

Do not use this space.

MAY 15 1937

1. PLACE OF DEATH

County Jackson
Township Jean
City Madison (No. 72. C General Hosp)

Registration District No. 399
Primary Registration District No. 1002

File No. 15108
Registered No. 1003
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2209 Brighton

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

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-23-1886

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>50</u>	<u>3</u>	<u>11</u>	

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

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) Mo

13. NAME Arthur Mills

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

15. MAIDEN NAME Gabriella Bangard

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

17. INFORMANT (ADDRESS) De W. A. Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE Apr - 7 - 1937

19. UNDERTAKER (ADDRESS) Mrs. G. L. Jarrett

20. FILED Apr 6 3 PM '37 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-4, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-31, 1937 to 4-4, 1937

I last saw him alive on 4-4, 1937 Death is said to have occurred on the date stated above, at 3:45 PM

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

Suban Pneumonia Date of onset _____

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Other contributory causes of importance: _____

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 _____, 1937

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) P. J. De Maria, M. D.

(Address) St. C. Gen. Hosp

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.

