

MAY 20 1937

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

Do not use this space.

16276

1. PLACE OF DEATH
98 County Franklin Registration District No. 294
Township Prarie Primary Registration District No. 5418
City Luebbering (No. _____, _____ St. _____ Ward _____)

File No. _____
Registered No. _____

2. FULL NAME Samuel A. Birdnaux
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

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) April 24, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Birdnaux

22. I HEREBY CERTIFY, That I attended deceased from 4-24-1937 to 4-24-1937
I last saw him alive on 4-24-1937 Death is said to have occurred on the date stated above at 7:20 A.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23, 1858
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 7 1

Date of onset

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

Branch Pneumonia?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Illinois.

Other contributory causes of importance:

13. NAME Not known

Name of operation no Date of _____

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

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

15. MAIDEN NAME Not known

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.

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

Manner of injury _____
Nature of injury _____

17. INFORMANT Mattie Birdnaux
(ADDRESS) Luebbering, Mo.

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE April 27, 1937

19. UNDERTAKER Wm. Casey & Co.
(ADDRESS) St. Clair, Mo.

If so, specify W. E. Mitchell, M. D.

20. FILED May 3, 1937 W. Duckworth
Registrar.

(Signed) W. E. Mitchell, M. D.

(Address) St. Clair

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

