

JUN 22 1937

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

Do not use this space.

20404

1. PLACE OF DEATH

449
County Wagner
Township Wagner
City Wagner (No. 1)

Registration District No. 413
Primary Registration District No. 4245

File No. 20404
Registered No. 31
St. _____ Ward _____

2. FULL NAME

John J. Surface
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred life time 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 Margaret Elizabeth Surface

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12 1855

7. AGE YEARS 81 MONTHS 6 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Inds

13. NAME John W. Surface

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

15. MAIDEN NAME Mary Best

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

17. INFORMANT Chas Surface (ADDRESS) Wagner, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wagner Cem DATE 578 1937

19. UNDERTAKER Walt City Undertaking (ADDRESS) Walt City, Mo.

20. FILED 6-1 1937 Harry A. Weaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1937 to May 6 1937

I last saw him alive on May 5 1937 Death is said to have occurred on the date stated above, at 10:55 a.m.

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

Respiratory Failure due to cerebral hemorrhage

Date of onset May 4 1937

Other contributory causes of importance: 8241

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) W. J. Pagan M. D. (Address) Walt City, 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.

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