

AUG 19 1937

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

Do not use this space.

26823

## 1. PLACE OF DEATH

County Callaway CoRegistration District No. 104Township FultonPrimary Registration District No. 3008City Fulton (No. State Hosp #1)

File No.

Registered No. 180

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. Jefferson City St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city and State)

Length of residence in city or town where death occurred 24 yrs. 2 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W.

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

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

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

DK.

7. AGE

YEARS MONTHS DAYS  
56 approx

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

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

Shoemaker

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

DK.

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

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

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

Jefferson City Mo.

13. NAME

DK.

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

DK.

15. MAIDEN NAME

DK.

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

DK.

17. INFORMANT (ADDRESS)

Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

PLACE Jefferson City DATE 7/19 1937

19. UNDERTAKER (ADDRESS)

W. J. Reynolds Funeral Home  
Jefferson City Mo.20. FILED July 19 1937R. M. Crews  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19 193722. I HEREBY CERTIFY, That I attended deceased from Jan 15 1937 to July 19 1937I last saw him alive on July 19 1937 Death is said to have occurred on the date stated above, at 5:30 pm

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

Cerebral Hemorrhage (Left)Date of onset 7/19/37

Other contributory causes of importance:

Arteriosclerosis with HypertensionDK.

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? No

If so, specify \_\_\_\_\_

(Signed) E. S. Lardis M. D.(Address) Fulton 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.

