

AUG 30 1937

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

Do not use this space.

1. PLACE OF DEATH

County St CharlesRegistration District No. 757

Township

Primary Registration District No. 3936

City

St Charles(No. 1512, West Randolph)

St.

Ward)

File No. 23197Registered No. 170

2. FULL NAME

(a) Residence, No. St Charles St.,

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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.

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

Elizabeth Tilloson

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

Dec 26th 1877

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hra. ormin.

3759618

OCCUPATION

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

Day laborer

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)

Fonstall Mo

MOTHER

13. NAME

August Bricker

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

Sinclair County Mo

15. MAIDEN NAME

Malinda Stoltz

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

Shannon County Mo

17. INFORMANT (ADDRESS)

Earl Bricker St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

De Grove Cem.

DATE

July 17th 1937

19. UNDERTAKER (ADDRESS)

H. P. Dallmeyer St Charles Mo

20. FILED

7/17

19

37Clarence H. Heesler Registrar. A

MEDICAL CERTIFICATE OF DEATH

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

July 14th 1937

22. I HEREBY CERTIFY, That I attended deceased from

July 10, 1937, to July 14, 1937I last saw him alive on July 14, 1937. Death is saidto have occurred on the date stated above, at 7:30 P. m.

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

Apoplexy

Date of onset

Other contributory causes of importance:

Arteriosclerosis

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, 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)

I. P. Gardner

, M. D.

(Address)

St Charles, 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.

