

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

Do not use this space.

**AUG 31 1937**

**1. PLACE OF DEATH**

County Linn

Registration District No. 853

Township Price

Primary Registration District No. 6/21

City \_\_\_\_\_ (No. \_\_\_\_\_)

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

File No. 28561

Registered No. \_\_\_\_\_

**2. FULL NAME**

Mrs. Albert Puff.

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Puff.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 11 1866.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
70 11

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hammer  
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) Jan. 20 1937  
11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spain, Ohio

FATHER  
13. NAME Frederick Peter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frankfort, Germany

MOTHER  
15. MAIDEN NAME Abundia Spangler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry, Penn.

17. INFORMANT Mrs. E. S. Duffelbean (ADDRESS) Price, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Price DATE 6-13 1937

19. UNDERTAKER W. H. Hannon (ADDRESS) Price, Mo.

20. FILED July 12 1937 Cleo Hagan Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 1937

22. I HEREBY CERTIFY, That I attended deceased from June 9 1937 to June 11 1937 that saw her alive on June 9 1937. Death is said to have occurred on the date stated above, at 4 P. M.

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

Broncho pneumonia Date of onset June 8 37

Other contributory causes of importance:

Exhaustion, ataxia, Scurvy

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? no

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

(Signed) J. R. McArthur \_\_\_\_\_, M. D.

(Address) Price, 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.

100-100000-100000

100-100000-100000

100-100000-100000

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

285-61  
Do not use this space.

1. PLACE OF DEATH

(a) County Sullivan Registration District No. 852  
 (b) Township ..... Primary Registration District No. .... Registered No. ....  
 (c) City ..... (d) Street No. .... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Webb St. Webb  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF wife  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/8/70  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 8  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as 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) .....  
 FATHER 13. NAME .....  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....  
 MOTHER 15. MAIDEN NAME .....  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....  
 17. INFORMANT (ADDRESS) .....  
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.  
 19. FUNERAL DIRECTOR (ADDRESS) .....  
 20. FILED Oct. 9, 1937 Cleo Hagan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1937  
 22. I HEREBY CERTIFY That I attended deceased from ..... to ..... 19.....  
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.  
 The principal cause of death and related causes of importance were as follows:  
 Date of onset  
 Other contributory causes of importance:  
 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) T. R. McArthur, M. D.  
 (Address) Crowning

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
 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.

SUPPLEMENTARY

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