

AUG 31 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County Sullivan  
 Township Union  
 City Union (No. 1)

Registration District No. 85-2  
 Primary Registration District No. 612-1

File No. 28563  
 Registered No.         

## 2. FULL NAME

(a) Residence, No.          St.          Ward.           
 (Usual place of abode)  
 Length of residence in city or town where death occurred 4 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) W.

5A. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF Harold  
 (OR) WIFE OF Benjamin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 1850

7. AGE YEARS 86 MONTHS 10 DAYS 1 If LESS than 1 day, hrs. or min.

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

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 65

12. BIRTHPLACE (CITY OR TOWN) Bremfield (STATE OR COUNTRY) Ill.13. NAME Ellen Beiler14. BIRTHPLACE (CITY OR TOWN) Reese (STATE OR COUNTRY) Ill.15. MAIDEN NAME Elizabeth Katten16. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY) Ill.17. INFORMANT Mr. Alice Huettenlocher (ADDRESS) Brown, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Home DATE 5/10 1937

19. UNDERTAKER L. W. H. H. H. H. H. (ADDRESS) Brown, Mo.20. FILED June 10 1937 Clara Hagan Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 193722. I HEREBY CERTIFY, That I attended deceased from Sept, 1936, to May 1, 1937

I last saw him alive on May 1, 1937 Death is said to have occurred on the date stated above, at 2:30 A.M.  
 The principal cause of death and related causes of importance were as follows:

Angina pectorisDate of onset 5/1/37

Other contributory causes of importance:  
Chronic myocarditis 1930

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) Brown, Mo.

