

SEP 22 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

31431

## 1. PLACE OF DEATH

County Cory  
 Township South  
 City Carrollville (No. \_\_\_\_\_)

Registration District No. 660  
 Primary Registration District No. 4396

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. 714 3rd St 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 Theresa Triouph

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
85 1 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
 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) Cory Co. Mo.  
 (STATE OR COUNTRY)

13. NAME Joseph Valley

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

15. MAIDEN NAME unknown

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

17. INFORMANT James Valley  
 (ADDRESS) Carrollville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE mt Hope Care DATE Sept 7 1937

19. UNDERTAKER Ray Funeral Home  
 (ADDRESS) Carrollville Mo.

20. FILED Sept 6 1937 Joe J. Zeller Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept, 5 1937

22. I HEREBY CERTIFY, that I attended deceased from March 7, 1931 to Sept 5, 1937

I last saw him alive on Aug. 27 1937 Death is said

to have occurred on the date stated above, at 1:20 P.M.

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

Tuberculosis of Lungs

Other contributory causes of importance:

None

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) D. L. Peltz, M. D.

(Address) Carrollville Mo.

