

SEP 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Greene*

Registration District No. *660*

File No. *31432*

Township *Beaufort Precinct*

Primary Registration District No. *5875a*

Registered No. _____

City *Lawrenceville* (No. _____)

St. _____ Ward _____

2. FULL NAME *Joseph Fenwick*

(a) Residence, No. *Lawrenceville* 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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Anna Tucker

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

Feb. 26, 1853

7. AGE

YEARS

84

MONTHS

6

DAYS

10

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Joining

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)

Greene Co. Mo.

FATHER

13. NAME

Clement Fenwick

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

Kentucky

MOTHER

15. MAIDEN NAME

Cecilia Moore

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

Greene Co. Mo.

17. INFORMANT (ADDRESS)

Richard A. Fenwick Lawrenceville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Int Hope Lane* DATE *Sept 7 1937*

19. UNDERTAKER (ADDRESS)

Ray Ford Co. Lawrenceville Mo.

20. FILED

Sept 6 1937

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 *June 15, 1937* to *Sept. 5, 1937*

I last saw him alive on *Sept 3, 1937* Death is said

to have occurred on the date stated above, at *8:45 P.M.*

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

Cerebral Apoplexy. 1 mm
Chronic Myocarditis. 2 yrs

Other contributory causes of importance:
Hypertension ABC
General 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) *Oscar A. Carron*, M. D.

(Address) *Lawrenceville 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.

