

SEP 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Phelps
Township _____
City Rosedale (No. _____)

Registration District No. 677
Primary Registration District No. 440-3

File No. 31473
Registered No. 112

2. FULL NAME

(a) Residence, No. Rosedale 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 W 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 Emma

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1863

7. AGE YEARS 74 MONTHS 1 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Lancaster Pa

13. NAME Dank

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

15. MAIDEN NAME Dank

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

17. INFORMANT Mrs Earnest Barrett (ADDRESS) 301 W 11th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Star Grove DATE Aug 31, 1937

19. UNDERTAKER Wm J. Myers (ADDRESS) Rosedale Mo

20. FILED Aug 31, 1937 Jos. F. Myers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1934, to Aug 30, 1937

I last saw him alive on Aug 30, 1937 Death is said to have occurred on the date stated above, at 9.9 a.m.

The principal cause of death and related causes of importance were as follows: Myocarditis Date of onset 1934

Other contributory causes of importance: None

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical Was there an autopsy? No

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. Mitchell, M. D.
(Address) Rosedale 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.

