

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

Do not use this space.

32645

1. PLACE OF DEATH

County.....
Township.....
City..... *St Louis*

Registration District No. *791*
Primary Registration District No. *1003*

File No.....
Registered No. *8699*
St..... Ward.....

2. FULL NAME

(a) Residence, No. *Lafayette Searcy* St. *NR* Ward.....
(Usual place of abode) *1108 Sargent*

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. (If nonresident, give city or town and State) *Joplin, Mo*

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 *Velma Searcy*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 1, 1895*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 11 14

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. *Fireman*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Frisco Railroad*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) *Nendersonville, N. C.* (STATE OR COUNTRY)

13. NAME *Elias Searcy*

14. BIRTHPLACE (CITY OR TOWN) *Hendersonville, N. C.* (STATE OR COUNTRY)

15. MAIDEN NAME *Margaret Nortman*

16. BIRTHPLACE (CITY OR TOWN) *Nendersonville N. C.* (STATE OR COUNTRY)

17. INFORMANT *Velma Searcy* (ADDRESS) *1108 Sargent Ave., Joplin, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Joplin, Mo.* DATE *Sept. 16, 1937*

19. UNDERTAKER *Robert J. Ambruster* (ADDRESS) *Clayton Road and Concordia Lane*

20. FILED *SEP 17 1937* *J. Bredecker* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9/15, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *8/7*, 19*37*, to *9/15*, 19*37*

I last saw him alive on *9/15, 1937* Death is said to have occurred on the date stated above, at *10:30 a.m.*

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

Heart disease *Cause unknown* Date of onset *7/20*

Other contributory causes of importance: *Peritonitis, generalized*

1256

Name of operation *Exploratory* Date of *9/15/37*

What test confirmed diagnosis? Was there an autopsy? *Yes*

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) *A. C. Darrow* M. D. (Address) *Frisco Ave. St Louis*

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.

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