

OCT 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Raw
City Keosauqua

Registration District No. 399

File No. 83201

Primary Registration District No. North East Hospital

Registered No. 3646

2. FULL NAME

(a) Residence, No. 2522 Sherman St., 1 Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Annies G. Esenburg</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 3-1866</u>				
7. AGE	YEARS <u>75</u>	MONTHS <u>3</u>	DAYS <u>3</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Tim Keeper</u>			
	9. Industry or business in which work was done, as silk and saw mill, bank, etc. <u>A. Osterman RR</u>			
	10. Date deceased last worked at this occupation (month and year)			
MOTHER / FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lyons Co Illinois</u>			
	13. NAME <u>Samuel Esenburg</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>			
	15. MAIDEN NAME <u>Sarah Carr</u>			
MOTHER / FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>			
	17. INFORMANT (ADDRESS) <u>Annies G. Esenburg 2522 Sherman St.</u>			
	18. BURIAL, CREMATION OR REMOVAL PLACE <u>St. Monica</u> DATE <u>Sept 8 1937</u>			
19. UNDERTAKER (ADDRESS) <u>George B. Garrison Independent Ave</u>				
20. FILED <u>Sept 7 1937</u> M. M. Crow Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1937, to Sept 6, 1937.
I last saw h. alive on Sept 5, 1937. Death is said to have occurred on the date stated above, at 12:10 p.m.
The principal cause of death and related causes of importance were as follows:
Apoplectic Pneumonia
1178
Other contributory causes of importance:
Perforated Duodenal Ulcer

Name of operation Gastro-jejunostomy Date of 7-5-37
What test confirmed diagnosis? Left X-ray 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) Dr. Frank C. Ray M. D.
(Address) 4316 E 9th. K. C. 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.

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