

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.

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

Do not use this space.

OCT 20 1937

1. PLACE OF DEATH

County Harrison

Registration District No. 334

Township Bedburg

Primary Registration District No. 4197

City Bedburg (No. 1)

File No. 34318

Registered No. 67

St. _____ Ward _____

2. FULL NAME Francis Aaron Premier

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Margaret M. Premier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-7-1860

7. AGE YEARS 77 MONTHS 5 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

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

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

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) Ohio

13. NAME William Premier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

15. MAIDEN NAME Catharine Romebury

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT Lowell Premier (ADDRESS) Bedburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Catharine Lewis DATE 9-24-1937

19. UNDERTAKER S. M. Haas (ADDRESS) Bedburg Mo

20. FILED 9-25-1937 A. L. Wersching Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-22-1937

I HEREBY CERTIFY, That I attended deceased from Aug 29 to Sept 22, 1937

I last saw him alive on Sept 20, 1937. Death is said to have occurred on the date stated above, at 10 p. m.

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

Apoplexy Date of onset _____

Arteriosclerosis

Other contributory causes of importance: Heart

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) A. J. Reed M. D.

(Address) Bedburg Mo

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