

NOV 18 1937

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

Do not use this space.

37913

1. PLACE OF DEATH

County Jasper
Township Jasper
City Jasper

Registration District No. 411
Primary Registration District No. 2002

File No. _____
Registered No. _____
Ward _____

2. FULL NAME

(a) Residence, No. 1747 Broadway Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Angeline

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1866

7. AGE YEARS 76 MONTHS 3 DAYS 11 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.

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) Indiana

13. NAME Mr. W. Widener

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

15. MAIDEN NAME Elizabeth F. Foy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

17. INFORMANT Mrs. Albert Powers
(ADDRESS) Jasper Mo

18. BURIAL, CREMATION, OR REMOVAL Union Cem. Jasper Mo 10-2-37

19. UNDERTAKER Winters and Co
(ADDRESS) Jasper Mo

20. FILED 10-1-37 E. J. Jones
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-1-37

22. I HEREBY CERTIFY, That I attended deceased from 7-6 1937 to 10-1 1937
I last saw him alive on 10-6-37 Death is said to have occurred on the date stated above, at 9-40 AM

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

Chronic hepatitis
Chronic myocarditis

Other contributory causes of importance: 131
old hernia long
many years

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) E. J. Jones, M. D.
(Address) Jasper 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.

Ed H. James

