

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

Do not use this space.

NOV 19 1937

38178

1. PLACE OF DEATH

County Madison
Township
City Fredericktown

Registration District No. 538
Primary Registration District No. 3028

File No. _____
Registered No. 78
St. _____ Ward _____

2. FULL NAME

Simon Jattu

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

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)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 (OR) WIFE OF Anna Jattu

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12 - 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 8 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ex-soldier
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) Roumania

13. NAME John Jattu

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

15. MAIDEN NAME Mary Dragaman

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

17. INFORMANT (ADDRESS) Anna Jattu Los Angeles Calif

18. BURIAL, CREMATION, OR REMOVAL PLACE Fredericktown DATE Nov 13 1937

19. UNDERTAKER (ADDRESS) E. H. Willet Fredericktown Mo

20. FILED Nov 13 1937 S. A. Slaughter Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10 1937 to Nov 10 1937. I last saw him alive on Nov 10 1937. Death is said to have occurred on the date stated above, at 6:30 P.M.. The principal cause of death and related causes of importance were as follows: Myocarditis

Other contributory causes of importance: Bronchitis and Alcohol

Name of operation _____ Date of _____
What test confirmed diagnosis? and 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? _____
If so, specify _____ (Signed) S. A. Slaughter, M. D.
(Address) Fredericktown, Mo

Ray C. A. Schwanev.

N. B.—Every item of information should be carefully supplied. A copy should be retained by the local health officer. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

2
2
25

63
4

