

NOV 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Peru
Township Cooter
City Steele (No. _____ St. _____ Ward _____)

Registration District No. 600
Primary Registration District No. 4122

File No. 38423

Registered No. _____

2. FULL NAME

(a) Residence, No. Steele Mo., St. _____, 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 7 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 2 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-4-18-91

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 2 4

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

nil

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) Missouri

13. NAME Henry Brown

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

15. MAIDEN NAME ?

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

17. INFORMANT Joe Woods (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Holland Road DATE 10/9/37

19. UNDERTAKER German (ADDRESS)

20. FILED Nov 29 L. J. Dickinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/8/37, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/37, 1937 to 10/8/37, 1937

I first saw him alive on 10/6/37, 1937 Death is said to have occurred on the date stated above, at 3 A. m.

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

Chronic myocarditis
apex

Date of onset _____

Other contributory causes of importance:

Bronchial pneumonia

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 _____, 1937

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) W. J. ..., M. D.

(Address) Steele 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.

