

DEC 20 1937

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

Do not use this space.

40116

1. PLACE OF DEATH

 County Jackson
 Township Carroll
 City Stange City (No. 500 Benton)

 Registration District No. 399
 Primary Registration District No. 100 v

 File No. _____
 Registered No. 4430
 St. _____ Ward _____

2. FULL NAME

 (a) Residence, No. Salada, Mo. 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

 3. SEX Ma 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14, 1880
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 11 20

 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Life insurance
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance

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) Mo.13. NAME Alexander Row14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Louise Hill16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT A. G. Row (ADDRESS) 3470 19 Street18. BURIAL, CREMATION, OR REMOVAL PLACE Salada, Mo. DATE 1/16 193719. UNDERTAKER Mrs. C. F. Foster (ADDRESS) 95 S. Main St. Stange20. FILED Nov 4 1937 11:11 A.M. Stange Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4 193722. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Nov 9, 1937I last saw him alive on Nov 4, 1937. Death is saidto have occurred on the date stated above, at 12:30 P.M.

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

Date of onset

Bronchial pneumonia 3 days1070

Other contributory causes of importance:

Arteriosclerosis over 9 yearsName of operation none Date of _____What test confirmed diagnosis? Exam. 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) J. J. Stephenson M. D.(Address) 1116 E. Armour (City) Stange

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