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

Do not use this space.

42106

File No.

Registered No. 16

1. PLACE OF DEATH

County: Perry

Township: Brazeau

City: (No. , St. Ward)

Registration District No. 657

Primary Registration District No. 58744

2. FULL NAME: Died Unnamed

(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

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 29th, 1937

7. AGE: Years: No; Months: No; Days: No; If LESS than 1 day, 11 hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

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): Seventy-six Mo

FATHER

13. NAME: Virgil Pete Fiori

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fourtown Arkansas

MOTHER

15. MAIDEN NAME: Delpha Fern Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brazeau Mo

17. INFORMANT (ADDRESS): Virgil Fiori

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Brazeau DATE: 11-30-1937

19. UNDERTAKER (ADDRESS): None

20. FILED 11-29-1937 Adolph G. Schmidt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 29th, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 28th, 1937, to November 29th, 1937

I last saw him alive on November 29th 1937, 19 Death is said to have occurred on the date stated above, at 8:30 A.m.

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

	Date of onset
Atelectasis	11 hours
Asphyxia	

Other contributory causes of importance: None

Name of operation: None Date of:

What test confirmed diagnosis? None 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) Theodore Fischer, M. D.

(Address) Altenburg Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.