

DEC 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall, Mo. (No. _____)

Registration District No. 796
Primary Registration District No. 3038

File No. 42565
Registered No. 195
St. _____ Ward _____

2. FULL NAME Charles S. Amsler

(a) Residence, No. 771 Salt Pond South 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

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 Ruth Hubbard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
61 2 25

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Factory

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) Washington, Illinois

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Charles S. Amsler (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park Cem DATE Nov. 30 1937

19. UNDERTAKER J. L. Sweeney (ADDRESS) Marshall, Mo.

20. FILED 11-30-37 Mary Kent Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-28-1937

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ held inquest to Nov. 28, 1937
I last saw h. alive on _____, 19____. Death is said

to have occurred on the date stated above, at 2 P. M.
The principal cause of death and related causes of importance were as follows:

strychnine poison with suicidal intent

Other contributory causes of importance: 160

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide 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? Yes
If so, specify _____

(Signed) B. C. Bradshaw _____, M. D.
(Address) Arrows Rock, Mo.
Corner Saline Co. 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.

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OCCUPATION

FATHER MOTHER

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Mary Kent
D. Deputy
Registrar.

