

JAN 24 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Ralls
 Township Opawanda
 City New London (No. _____)

Registration District No. 226
 Primary Registration District No. 4432

File No. 46434
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

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

Male

4. COLOR OR RACE

White

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(NAME OF)Rebecca Keith

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

1860-May-31

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.77719

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer9. 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) Dec 193611. Total time (years)
spent in this
occupation Life

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

FATHER

13. NAME

George Wilson

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Virginia

MOTHER

15. MAIDEN NAME

Mary E. Weather

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

17. INFORMANT

(ADDRESS)

Mrs R. L. Brown

18. BURIAL, CREMATION, OR REMOVAL

PLACE

New LondonDATE Dec 14 '37

19. UNDERTAKER

(ADDRESS)

Childs & Son

20. FILED

Dec 15, 1937Blanche Megowan

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 21, 1937 to Dec. 12, 1937I last saw him alive on Nov. 22, 1937. Death is saidto have occurred on the date stated above, at 1:30 m.

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

Cerebral hemorrhage

Date of onset

Other contributory causes of importance:

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 _____, 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) Off. J. J. J. J., M. D.(Address) Frankford, 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.

