

JAN 20 1938

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

Do not use this space.

74

~~15980~~

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Macon  
Township Eagle  
City Atlanta (No. \_\_\_\_\_)

Registration District No. 526  
Primary Registration District No. 5700

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 23-1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 8 14

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

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) Ashland Ohio

13. NAME Lloyd Prager

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

15. MAIDEN NAME Mary Euller

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

17. INFORMANT Mrs. H. H. Baker (ADDRESS) Atlanta Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE not known DATE Jan 8-1938

19. UNDERTAKER Amber Shing (ADDRESS) Atlanta Mo

20. FILED Jan 11 1938 Keith Mcneely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6th 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 1-1938 to Jan 6 1938

I last saw him alive on Jan 5 1938. Death is said

to have occurred on the date stated above, at 11 A.M.

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

Cerebral Embolism Date of onset

Other contributory causes of importance: Mitral Insufficiency

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Clinical 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? No

If so, specify \_\_\_\_\_

(Signed) A. L. Campbell, M. D.

(Address) Atlanta Mo

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

