

REC'D MAR 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County Perry
Township Perry
City Perry (No. 510)

Registration District No. 1128
Primary Registration District No. 5879a

File No. 7738
Registered No. 1

2. FULL NAME

(a) Residence, No. Merlin W. Remmer St. 510 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23, 1908

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

22. I HEREBY CERTIFY, That I attended deceased from 2-22-38, 1908, to 2-23-38, 1908

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17-1938

I last saw him alive on 2-23-38, 1908. Death is said to have occurred on the date stated above, at 6:50 p.m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 6

The principal cause of death and related causes of importance were as follows:
Broncho - Pneumonia Date of onset 2-22-38

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

13. NAME Albert Remmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

15. MAIDEN NAME Mathilda Brewer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

17. INFORMANT (ADDRESS) Albert Remmer Perryville Mo R 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope DATE Feb 24, 1908

19. UNDERTAKER (ADDRESS) Young & Sons Perryville Mo

20. FILED Mar 12 1938 Elmer Elder Registrar.

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) D. L. H. H. H. M. D.
(Address) Perryville, Mo

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

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Name - Wallace Young

No. 4027