

REC'D APR 18 1938

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

Do not use this space.

1. PLACE OF DEATH

16 County CAPE GIRARDEAU
Township Byrd
City Byrd

Registration District No. 124Primary Registration District No. 5177(No. JACKSON, MO. R.F.D. #5)File No. 10357Registered No. 10

St. _____ Ward _____

2. FULL NAME ISSAC NEWTON MICHAEL 240(a) Residence, No. JACKSON MO. R.F.D. #5 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) MARRIED5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF EDITH HUNTER Michael6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 10th 18757. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62. 5. 2.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER.
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 occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) EFFINGHAM ILL.13. NAME JARED MICHAEL.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA.15. MAIDEN NAME MARGRET STRANGE.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILL.17. INFORMANT MRS EDITH MICHAEL
(ADDRESS) JACKSON MO R.F.D. #618. BURIAL, CREMATION, OR REMOVAL PLACE MCENDRE CEMT DATE 3/14th 193819. UNDERTAKER HAMANIS FUNERAL HOME.
(ADDRESS) CAPE GIRARDEAU MO.20. FILED 3-14 1938 D. S. Schuler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH, 12th 193822. I HEREBY CERTIFY, That I attended deceased from Feb. 16th, 1938, to Mar 12th, 1938I last saw him alive on Mar 12th, 1938. Death is said to have occurred on the date stated above, at 11:30PM

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

Cerebral embolism Date of onset Feb 16/38

Other contributory causes of importance:

Concussion of brain following automobile accident.

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury Feb 16, 1938Where did injury occur? Cape Girardeau County

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

on Public Highway No. 61Manner of injury Pushed off highway by motor busNature of injury Concussion of brain and cerebral contusions.24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) D. S. Schuler, M. D.(Address) Cape Girardeau, Mo.120

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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