

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

(Do not use this space.)

REC'D APR 15 1938

1. PLACE OF DEATH

County Crawford
 Township Oak Hill
 City _____ (No. _____) _____ St. _____ Ward _____

Registration District No. 234
 Primary Registration District No. 6319

File No. 10568
 Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 72 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lena Souders</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 11, 1866</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>2</u>
	DAYS <u>26</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Merchant</u>
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Oak Hill (STATE OR COUNTRY) Mo

13. NAME Jake Souders

14. BIRTHPLACE (CITY OR TOWN) Oak Hill (STATE OR COUNTRY) Mo

15. MAIDEN NAME Ellen Ridenbaw

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

17. INFORMANT Mrs. Lena Souders (ADDRESS) Oak Hill, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 4-9- 1938

19. UNDERTAKER Jagmeier & Murray (ADDRESS) Owensville, Mo

20. FILED April 11, 1938 Lillie Rodgers (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-7- 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1937 to 4-7- 1938
 I last saw him alive on 3-20 1938. Death is said to have occurred on the date stated above, at 12:30 pm.

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

Valvular heart lesion Date of onset

Other contributory causes of importance:

Enlargement of heart

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) Edwin Mellis, M. D.

210 (Address) Owensville, 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.

