

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.

REC'D APR 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County

Grundy 2

Registration District No.

328

Township

City

Frenton

(No.

Primary Registration District No.

3017

File No.

10849

Registered No.

St.

Ward)

2. FULL NAME

Fred P. Still

340

(a) Residence, No.

(Usual place of abode)

15th + Market St

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

25 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 (OR) WIFE OF

Gertrude Still

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

June 11 2 1885

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,  hrs. or  min.

52

8

9

OCCUPATION

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

Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Grocery Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

2-18-28

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Macon County Missouri

13. NAME

Gene Still

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

Montgomery County Iowa

15. MAIDEN NAME

Sarah O'Connell

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

DeCATUR County Iowa

17. INFORMANT

(ADDRESS)

Myrtle Still 15th + Market St

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Maple Grove

DATE

Feb. 22 1938

19. UNDERTAKER

(ADDRESS)

Rev. B. Davis # 8216 Trenton Missouri

20. FILED

2-22-38

1938

Gene P. Jaw Registrar.

300

MEDICAL CERTIFICATE OF DEATH

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

Feb. 20 1938

22. I HEREBY CERTIFY, That I attended deceased from

on Feb. 19, 1938 to

I last saw him alive on Feb. 19, 38

Death is said to have occurred on the date stated above at 11:30 a.m.

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

Coronary Thrombosis  
94 B.

Other contributory causes of importance:

acute glomerulonephritis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

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

Accident, suicide, or homicide? Date of injury

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)

(Address)

J. H. ... M. D.  
300

