

NEW APR 20 1938

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

Do not use this space.

11071

1. PLACE OF DEATH

County Jasper

Registration District No. 411

File No.

Township

Primary Registration District No. 2002

Registered No.

City

(No. 1110)

Mopett

Ward

2. FULL NAME

(a) Residence, No. 1110 Mopett St.

Ward. 562

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-3-1938

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

22. I HEREBY CERTIFY That I attended deceased from

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

23. I last saw him alive on

7. AGE

63

YEARS

MONTHS

DAYS

If LESS than day, hrs. or min.

24. I have occurred on the date stated above, at 11:45 a.m.

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

OCCUPATION

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

Coronary occlusion (Korn basis)

Date of onset 3/1/38 history

Other contributory causes of importance:

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

Wynetool

FATHER

13. NAME

Lewis Wamser

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

Ill

MOTHER

15. MAIDEN NAME

Hannah Lathrop

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

Ill

17. INFORMANT (ADDRESS)

William J. Wamser

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Wynetool

DATE 3-7-38

19. UNDERTAKER (ADDRESS)

Wynetool

20. FILED

37138

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)

Rich. G. Jeff, M. D.

(Address)

Jasper

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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