

REC'D APR 18 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

 11715
 Do not use this space.

1. PLACE OF DEATH

(a) County Perry Registration District No. 660
 (b) Township 1 Primary Registration District No. 4396 Registered No. _____
 (c) City Perryville, Mo. (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

August Versheldon

(a) Residence, No. _____ St. ☐ _____
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Anna Versheldon
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1960
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 5 2
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

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

13. NAME Alois Versheldon
 14. BIRTHPLACE (CITY OR TOWN) Belgium
 (STATE OR COUNTRY)

15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY)

17. INFORMANT Anna Versheldon
 (ADDRESS) Perryville RFD 4

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mount Hope DATE March 18, 1938

19. FUNERAL DIRECTOR (NAME) Young & Sons
 (ADDRESS) Perryville, Mo.

20. FILED Mar 16, 1938 Joe J. Zoller Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1938

I HEREBY CERTIFY That I attended deceased from Feb 2 1938 to March 15, 1938
 I last saw him alive on March 15, 1938. Death is said to have occurred on the date stated above, at 4:20 P.M.

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

Pernicious Anemia

Date of onset

1/2yes

Other contributory causes of importance: 7/12

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 Oscar A. Carran M. D.
 (Signed) _____ (Address) Perryville, Mo.

525 (Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No. 2138

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.