

REC'D MAY 17 1938

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

Do not use this space.

15524

PLACE OF DEATH

County PettisRegistration District No. 609Township Indian CreekPrimary Registration District No. 5897City Spring(No. Spring, Town #1)

File No.

Registered No. 5

St. Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds.

St. Ward.

(If nonresident, give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. L. Absher6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25 - 18587. AGE YEARS 79 MONTHS 7 DAYS 17 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.13. NAME James Heard14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.15. MAIDEN NAME Mary Lavender16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.17. INFORMANT Will Meyer (ADDRESS) Spring Fork R.R. #1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Baraboo DATE 4-15 193819. UNDERTAKER Mrs. Laughlin (ADDRESS) Seaboard20. FILED April 1938 Mrs. J. B. Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8 193822. I HEREBY CERTIFY, That I attended deceased from 1-10 1937 to 4-10 1938I last saw h. er alive on 4-10 1938 Death is said

to have occurred on the date stated above, at m.

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

My condition

Date of onset

1837Other contributory causes of importance: 131Septic #Chronic#Name of operation none Date ofWhat test confirmed diagnosis? Chronic 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 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? no

If so, specify

(Signed) Alfred E. Moore M. D.(Address) 101 W 4 St. Seaboard605

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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