

JUN 8 1938

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

Do not use this space.

19741

1. PLACE OF DEATH

County Stone Registration District No. 842
Township Pierces Primary Registration District No. 6104
City Crane Mo. (No. _____ St. _____ Ward _____)

2. FULL NAME

G. W. Filbeck George W. Filbeck
(a) Residence, No. Crane Mo. St. _____ Ward _____
(Usual place of abode) (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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. L. A. Filbeck</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 14 - 1852</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>10</u>
	DAYS <u>23</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>Farmer.</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Laney Co. Mo.</u>		
MOTHER	13. NAME <u>G. W. Filbeck</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Mrs. Geo. M. Lee</u> (ADDRESS) <u>Crane Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crane Mo.</u> DATE <u>5-8</u> 19 <u>38</u>		
19. UNDERTAKER <u>Sam + Marlene</u> (ADDRESS) <u>Crane Mo.</u>		
20. FILED <u>5-18</u> 19 <u>38</u> <u>Mrs. Ethel Doughty</u> Register		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-7 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1935, to May-6 1938
I last saw him alive on May-6 1938. Death is said to have occurred on the date stated above, at 6:30 A. m.
The principal cause of death and related causes of importance were as follows:
Arteriosclerotic Heart Disease
Date of onset 1935

Other contributory causes of importance:
Asphyxia

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) H. L. Terry, M. D.
(Address) Crane 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.

