

REC'D JUL 17 1938

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

Do not use this space.

21693

1. PLACE OF DEATH

County Cooper Registration District No. 218
Township Bourville Primary Registration District No. 3015
City Bourville (No. Alex Van Ravenswaay Clinic) St. _____ Ward _____

File No. _____
Registered No. 53

2. FULL NAME

(a) Residence, No. Armstrong, 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 39 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 1938

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

22. I HEREBY CERTIFY That I attended deceased from June 13 1938, to June 27 1938
I last saw him alive on June 27 1938 Death is said to have occurred on the date stated above, at 7 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19, 1899

The principal cause of death and related causes of importance were as follows:
Fracture of right femur.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 3 8

Date of onset _____
June 13, 1938

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) June 1, 1938 11. Total time (years) spent in this occupation 39

Other contributory causes of importance:
Mesenteric embolus

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Armstrong, Mo.

Name of operation Open reduction Date of June 27, 1938
What test confirmed diagnosis? Operation Was there an autopsy? No

MOTHER FATHER 13. NAME H. L. Miller

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury June 13, 1938
Where did injury occur? at home, Armstrong, Mo
(Specify city or town, county, and State)

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow, Mo.

Specify whether injury occurred in industry, in home, or in public place.
In the yard.

MOTHER FATHER 15. MAIDEN NAME Kate B. Walkeup.

Manner of injury fell out a tree
Nature of injury fracture right femur

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Armstrong, Mo.

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify trimming a tree

17. INFORMANT Don Louis Miller
(ADDRESS) Armstrong, Mo.

(Signed) Allen Ramswoy M. D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Armstrong DATE June 29 1938

19. UNDERTAKER H. H. Oldaker
(ADDRESS) Armstrong, Mo.

20. FILED June 27 1938 W. H. Cooper Registrar.

197 (Address) Bourville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

