

SEP 19 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Knox
 Township Liberity
 City Knox City Mo.

Registration District No. 441
 Primary Registration District No. 6243

File No. 29287
 Registered No. 28
 St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____
 (Usual place of abode)

St. _____ Ward _____

Length of residence in city or town where death occurred 20 yrs. mos. ds.

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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Delphine Birge
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-14-1863
 7. AGE YEARS 75 MONTHS 16 DAYS 16 If LESS than 1 day, hrs. or min.

OCCUPATION 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) _____ 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) Knox City Mo. (STATE OR COUNTRY)

MOTHER 13. NAME Jackson Boltz

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

15. MAIDEN NAME Elizabeth Smith

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

17. INFORMANT Willis Boltz (ADDRESS) Knox City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Knox City DATE Aug-29, 1938

19. UNDERTAKER Keith Hudson (ADDRESS) Edina Mo.

20. FILED Aug 31, 1938 Mrs C. M. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1938, to Aug 26, 1938

I last saw him alive on Aug 24, 1938. Death is said

to have occurred on the date stated above, at 5:15 am.

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

Apoplexy.

Date of onset

Other contributory causes of importance:

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) Paul M. Reynolds, M. D.

(Address) Knox City 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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-137

Date Filed 9-15-38