

REC'D OCT 19 1938

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

Do not use this space.

1. PLACE OF DEATH  
County Caldwell, Registration District No. 93  
Township Davis, Primary Registration District No. 4055  
City Braymer, (No. ....) St. .... Ward) 18

2. FULL NAME Daniel Severns, 165  
(a) Residence, No. .... St., 1st. s., Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds. ....

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male, 4. COLOR OR RACE White, 5. ~~Single~~ Widowed, OR Widowed,  
(write the word)  
5A. IF ~~Single~~ Widowed, Mrs. Marie Kelly  
HUSBAND OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec.-24-1850  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
87 9 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired,  
common laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired,  
10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Schuyler County,  
(STATE OR COUNTRY) Ills.,

13. NAME Riley Severns, 1

14. BIRTHPLACE (CITY OR TOWN) Ohio. 1  
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Thomson, 1

16. BIRTHPLACE (CITY OR TOWN) Ills.,  
(STATE OR COUNTRY)

17. INFORMANT Mrs. J. E. Reigel  
(ADDRESS) Braymer, Mo.

18. BURIAL, CREMATION, OR REMOVAL Black Cat, Mo.  
PLACE Braymer DATE Oct. 2nd 1938

19. UNDERTAKER E. P. Michael  
(ADDRESS) Braymer, Mo.

20. FILED Oct 2 1938 H. H. Patterson  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29 - 1938

HEREBY CERTIFY, That I attended deceased from July 27 - 1938 to Sept 27 - 1938  
I last saw him alive on Sept 27 - 1938 Death is said to have occurred on the date stated above, at 10:30 m.

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

Cerebral Hemorrhage Date of onset

Other contributory causes of importance:

Chronic Sclerosis

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None

Where did injury occur? Home

(Specify city or town, county, and State)

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

Manner of injury Home

Nature of injury Stroke

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Cardinal B. Zerkow M. D.

97 (Address) Braymer, 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.

1938-9-29

1850-12-24

87-9

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