

REC'D OCT 5 1938

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

Do not use this space.

1. PLACE OF DEATH

County Boone
Township Marion
City (No.) St. Ward

Registration District No. 211
Primary Registration District No. 5291

File No. 32028
Registered No.
St. Ward

2. FULL NAME

Ira Surface 612

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. 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, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 1 18

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad

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) 20 yrs 11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Mo13. NAME Albert Surface14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Mo15. MAIDEN NAME Lydia Peaker16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Mo17. INFORMANT Mary Surface (ADDRESS) Elton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elton DATE Oct 1 193819. UNDERTAKER Frankie Lyndon (ADDRESS) Elton Mo20. FILED 10/11/38 Dr. H. T. Leach Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 193822. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1938 to Sept 28, 1938

I last saw him alive on Sept 28, 1938 Death is said to have occurred on the date stated above, at 3:15 P.M.

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

Date of onset

Coronary Thrombosis

Other contributory causes of importance:

9412

Name of operation Autopsy Date of Sept 28
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury Sept 28, 1938

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 NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify None(Signed) H. T. Leach, M. D.(Address) Elton 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.

