

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JAN 18 1938

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

Do not use this space.

43551

27

1. PLACE OF DEATH

County Johnson Registration District No. 2529  
Township Washington Primary Registration District No. 5584  
City North Station (No. 1) St. 1 Ward 3

2. FULL NAME

(a) Residence, No. 6419 St. 1 Ward 3  
(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (and name of)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25-1855

7. AGE YEARS 83 MONTHS 5 DAYS 5 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

13. NAME Geo. W. Charles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Sarah Spurgeon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT Walt. Charles (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE North Station DATE Dec 27 1938

19. UNDERTAKER (ADDRESS) King & Sons

20. FILED Dec 26 1938 J. A. Koch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1938, to Dec 25, 1938

I last saw him alive on Dec 25, 1938 Death is said to have occurred on the date stated above, at 8:30 a.m.

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

1. Bronchial Pneumonia (Hypostatic) Date of onset 12/20

2. Other contributory causes of importance:

3. Stenocardia (from cerebral hemorrhage one year ago)

4. Plurimycarditis

Name of operation Cerebral Date of 12/20  
What test confirmed diagnosis Cerebral 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 None, 1938

Where did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

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

If so, specify None

(Signed) E. W. Brown, M. D.  
North Station (Address) 359

RECEIVED  
District Health Officer No. 8,  
District File Number  
116/39  
Date Filed