

REG'D MAR 15 1939

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

Do not use this space.

## 1. PLACE OF DEATH

County Atchison Registration District No. 19  
Township \_\_\_\_\_ Primary Registration District No. 4073  
City Rock Port No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 5756

Registered No. \_\_\_\_\_

## 2. FULL NAME

(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 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 19 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
86 8 6

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

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) Missouri

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mr. Frank Woodring

18. BURIAL, CREMATION, OR REMOVAL

PLACE Highway DATE Feb 25 1939

19. UNDERTAKER (ADDRESS) J. B. Besten

20. FILED 2-22-39 May H. Chamberlain Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-22-1939

22. I HEREBY CERTIFY That I attended deceased from Feb 18, 1939, to Feb 22, 1939, 1939

I last saw ~~him~~ alive on Feb 22, 1939, Death is said

to have occurred on the date stated above, at 11:30 P.M.

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

Fracture of hip -  
ant old age

Date of onset

Other contributory causes of importance: 186 W  
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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 Accident Date of injury Feb 18, 1939

Where did injury occur? Rockport, Mo.  
(Specify city or town, county, and State)

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

Manner of injury Fall

Nature of injury Fracture of neck of femur

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

If so, specify \_\_\_\_\_

(Signed) William R. Strickland, M. D.

(Address) Rockport Mo.

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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. 111

District File Number 39-29

Date Filed MAR 9 1939