

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.

1939 APR 17

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

Do not use this space.

9772

1. PLACE OF DEATH ²
County Jackson Registration District No. 399
Township Kear Primary Registration District No. 1002
City Kear City (No) 3027-East 31 St. _____ Ward _____
2. FULL NAME Charles A. Everett
(a) Residence, No. 3027-8-31 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.

File No. _____
Registered No. 1378

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 29 1870</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>5</u>
	DAYS <u>1</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Iron Keeper</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	17. INFORMANT <u>H. Bergman</u> (ADDRESS) <u>4306 Brimmer</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cathary</u> DATE <u>4-1 39</u>	
19. UNDERTAKER <u>Bergman Funeral Home</u> (ADDRESS)		
20. FILED <u>Apr 31 1939</u> <u>J. M. M. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 39

22. I HEREBY CERTIFY, That I attended deceased from Mar 31 1939 to Mar 30 1939
I last saw him alive on Mar 30 1939 Death is said to have occurred on the date stated above, at 7 p m.
The principal cause of death and related causes of importance were as follows:
Angina Pectoris Date of onset 3-21-39
131

Other contributory causes of importance:
Cardio-Vascular + renal disease

Name of operation no Date of no
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 1939
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. F. Mackery, M. D.
(Address) St. Louis City Mo

