

AUG 14 1939

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

Do not use this space.

26130

1. PLACE OF DEATH
County Lincoln Registration District No. 491
Township Bedford Primary Registration District No. 5654
City 2007 rd T. Page (No. _____) St. _____ Ward _____

File No. _____
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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Page
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27-1882
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 56 2 13
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) Page Mo
13. NAME Joseph Page 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Irland 1
15. MAIDEN NAME Tennessee Page
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
17. INFORMANT (ADDRESS) Bertha Page
18. BURIAL CREMATION OR REMOVAL PLACE Suber Falls DATE 9-16-39
19. UNDERTAKER (ADDRESS) Kempson
20. FILED 7-15 1939 Mrs Pearl Mueck Registrar. 440

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____ 1939
22. HEREBY CERTIFY, That I held office attended deceased from July 14, 1939, to _____, 19____
I last saw him alive on _____, 19____ Death is said to have occurred on the date stated above, at 4:30 m.
The principal cause of death and related causes of importance were as follows:
as found by coroners jury Date of onset _____
Decomposed came to his death by accidental drowning in Red Creek about 4:30 o'clock P.M.

Other contributory causes of importance: _____
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? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. R. Mueck, M.D.
(Address) Old Monroe

