

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

REC'D OCT 10 1939

32172

File No. _____
 Registered No. 121 St. _____ Ward _____

1. PLACE OF DEATH

County Clay Registration District No. 148
 Township Fishing River Primary Registration District No. 3011
 City Spring Springs (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Spring 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. 4 mos. 14 ds. How long in U. S., if of foreign birth? 4 1/2 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-15, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gertrude Petric

22. I HEREBY CERTIFY, That I attended deceased from 8-7, 1939, to 9-15, 1939

I last saw him alive on 9-15-39, 19____ Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1854

to have occurred on the date stated above, at 455

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 85 3 16

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pharmacy
 10. Date deceased last worked at this occupation (month and year) 7-1-33
 11. Total time (years) spent in this occupation 35

Date of onset 8-7-39
Sub Acute Colitis
Chronic Nephritis
Cystitis

Other contributory causes of importance:
Chronic Myocarditis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

Name of operation None Date of _____

13. NAME unknown

What test confirmed diagnosis? None Was there an autopsy? No

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

15. MAIDEN NAME unknown

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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.

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

17. INFORMANT Eleanor Kasper
 (ADDRESS) Lawley, Ia.

Manner of injury _____

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Sept 18, 1939

19. UNDERTAKER (ADDRESS) Hubert Lane

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

20. FILED Sept 18, 1939 Mr. R. W. Crocker Registrar

(Signed) J. H. Bayard M. D.

(Address) Spring Springs

DATE FROM

10/2/39

NUMBER

OFFICE NO. 8,