

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

Do not use this space.

37387

**1. PLACE OF DEATH**

County Stoddard Registration District No. ....  
Township 1 Primary Registration District No. ....  
City Puxico Mo St. .... Ward)

File No. ....  
Registered No. 28  
St. .... Ward)

**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) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-5-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 5

OCCUPATION 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) Puxico Mo.

MOTHER FATHER 13. NAME Martin Wilfong

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Mo.

15. MAIDEN NAME Sarah Rogsdal

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Mo.

17. INFORMANT Alvina Wilfong  
(ADDRESS) Puxico - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brown County DATE 10-12-39

19. UNDERTAKER (ADDRESS) Walthers Funeral Home  
Dexter Mo.

20. FILED 10-14 1939 S. Emma Dyer Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1939, to Oct 10 1939

I last saw him alive on Sept 1 1939 Death is said to have occurred on the date stated above, at 11:50 m.

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

Chronic nephritis Date of onset

Other contributory causes of importance: 12/1

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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? no

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

(Signed) G. A. Edmund, M. D.

(Address) Puxico Mo.

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.

11-30

RECEIVED

District Health Officer No. 2,

District File Number 1139-308

Date Filed 11-3