

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.

1910 FEB 12 1940

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

Do not use this space.

3025

1. PLACE OF DEATH 2  
 County Wagoner Registration District No. 1543  
 Township Bome Primary Registration District No. 5743  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME George Singer 5 3/4  
 (a) Residence, No. Crysl, Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

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 Maggie Singer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9 Dec 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>1</u>	<u>65</u>		<u>24</u>	

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) Richfountain Mo

13. NAME George Singer

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

15. MAIDEN NAME Maggie Weyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waverly Co, Mo

17. INFORMANT Jos. Sheppard (ADDRESS) meta mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Crysl, Mo DATE Jan 11 4 1940

19. UNDERTAKER H. H. Strop (ADDRESS) meta

20. FILED Jan 10 1940 Rosa Lawson Registrar. (Address) Crysl, Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1940

22. I HEREBY CERTIFY That I attended deceased from June 15 1939 to Jan 7 1940  
 last saw him alive on Nov 24 1939. Death is said to have occurred on the date stated above, at 1 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Empoement of heart  
 Date of onset 124

Other contributory causes of importance:  
Embolic of Siner

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. G. Lumberg M. D.  
 Address Crysl, Mo

I never Embalmed The Body License no 2924

H. H. Strop  
Meta mo