

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED MAR 12 1940

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

Do not use this space.

1. PLACE OF DEATH

County Crawford Registration District No. 234
Township Oak Hill Primary Registration District No. 3319
City Cuba-MO (No. _____) St. _____ Ward _____

File No. 6414

Registered No. _____

2. FULL NAME Charles Thomas Souders

(a) Residence, No. Crawford Co. Rural Ward. _____ (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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Leora Ryerson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 18 - 1861</u>		
7. AGE <u>78</u> YEARS	MONTHS <u>3</u>	DAYS <u>6</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>Farmer</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) _____	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington Co. Ind. 1</u>	
	13. NAME <u>Benjamin Souders</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind 1</u>	
	15. MAIDEN NAME <u>Eliza Kely</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind 1</u>	
	17. INFORMANT (ADDRESS) <u>Eugene Souders Bourbon Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill</u> DATE <u>2/26/40</u> 19____		
19. UNDERTAKER (ADDRESS) <u>Albert K. Long Bourbon Mo.</u>		
20. FILED <u>Mar 6</u> 19 <u>40</u> <u>Mrs. Lillie Rodgers</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1940, to Feb 24, 1940
I last saw him alive on Jan 23, 1940 Death is said to have occurred on the date stated above, at 12 a. m.

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

Fracture of Rt. Hip
Pneumonia (Hypostatic)

Date of onset _____

Other contributory causes of importance:

Natural causes

Name of operation None Date of _____

What test confirmed diagnosis? None 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) H. H. Davis, M. D. M. D.

210 (Address) Bourbon Mo.

1948
94

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 6414

Registration District No. 234

Primary Registration District No. 3319

Registrar's No. _____

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Crawford

(b) City or town East Hill sur
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

3. (a) PRIMARY FULL NAME Chas. Thomas Souder

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex 22 5. Color or race W

6. (a) Single, widowed, married, divorced A

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 3 6 _____ h _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

{ 13. Birthplace _____ (City, town, or county) (State or foreign country)

{ 14. Maiden name _____

{ 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) April 4 1940 (b) Miss Lillie Rodgers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Crawford

(c) City or town Rural
(If outside city or town limits write "RURAL")

(d) Street No. Near Oak Hill mo
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Feb day 24
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
_____ (e) Means of injury _____

23. Signature H. H. Davis (M. D. or other)
Address Bourbon _____ signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

SUPPLEMENTAL

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6414

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 234

Primary Registration District No. 5319

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Crawford
(b) City or town East Hill Jar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether

In this community years, months or days)

3. (a) PRINT FULL NAME Chas Thomas Souder

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive. year

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 6 If less than one day h min.

9. Birthplace. (City, town, or county) (State or foreign country)

10. Usual occupation.

11. Industry or business.

12. Name.

13. Birthplace. (City, town, or county) (State or foreign country)

14. Maiden name.

15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant.

(b) Address.

17. (a) (Burial, cremation, or removal) (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation.

18. (a) Signature of funeral director.

(b) Address.

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. (b) County.

(c) City or town. (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month 2 day 24 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death

Fracture 3rd Hip
Pneumonia (Hypostatic)

Date of death

Due to

Other conditions. (Include pregnancy within 3 months of death) 11/12

PHYSICIAN

Major findings: Of operations. Natural Cause
Of autopsy.

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident.

(b) Date of occurrence. Unknown

(c) Where did injury occur? East Hill Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at his sons home

(Specify type of place)

While at work? No (e) Means of injury.

23. Signature H. H. Davis (M. D. or other)

Address Bourbon Mo Date signed

SUPPLEMENTAL