

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.

FILED JUN 22 1940

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

Do not use this space.

19441

1. PLACE OF DEATH

County St Francois
Township St Francois
City Escher (No. 24)

Registration District No. 774
Primary Registration District No. 601813

File No. _____
Registered No. 948
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Escher 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED (USUAL NAME OF DECEASED) Watson Russell 1874

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 6 5 8 5 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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 year) 2-29-40

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre, MO.

13. NAME Noah McDaniel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Francis Wolf

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Watson Russell
(ADDRESS) Escher Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE April 2 1940

19. UNDERTAKER Coaldwell Bros
(ADDRESS) Escher Mo.

20. FILED 5/18 1940 C. B. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10-1940 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1939, to 4-10, 1940.

I last saw him alive on 4-10, 1940 Death is said

to have occurred on the date stated above, at _____ m.

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

Lymphatic Leukemia Date of onset unk.

Other contributory causes of importance:

Chromocystitis
arteriosclerosis general

Name of operation none Date of _____

What test confirmed diagnosis? Chemical 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 _____

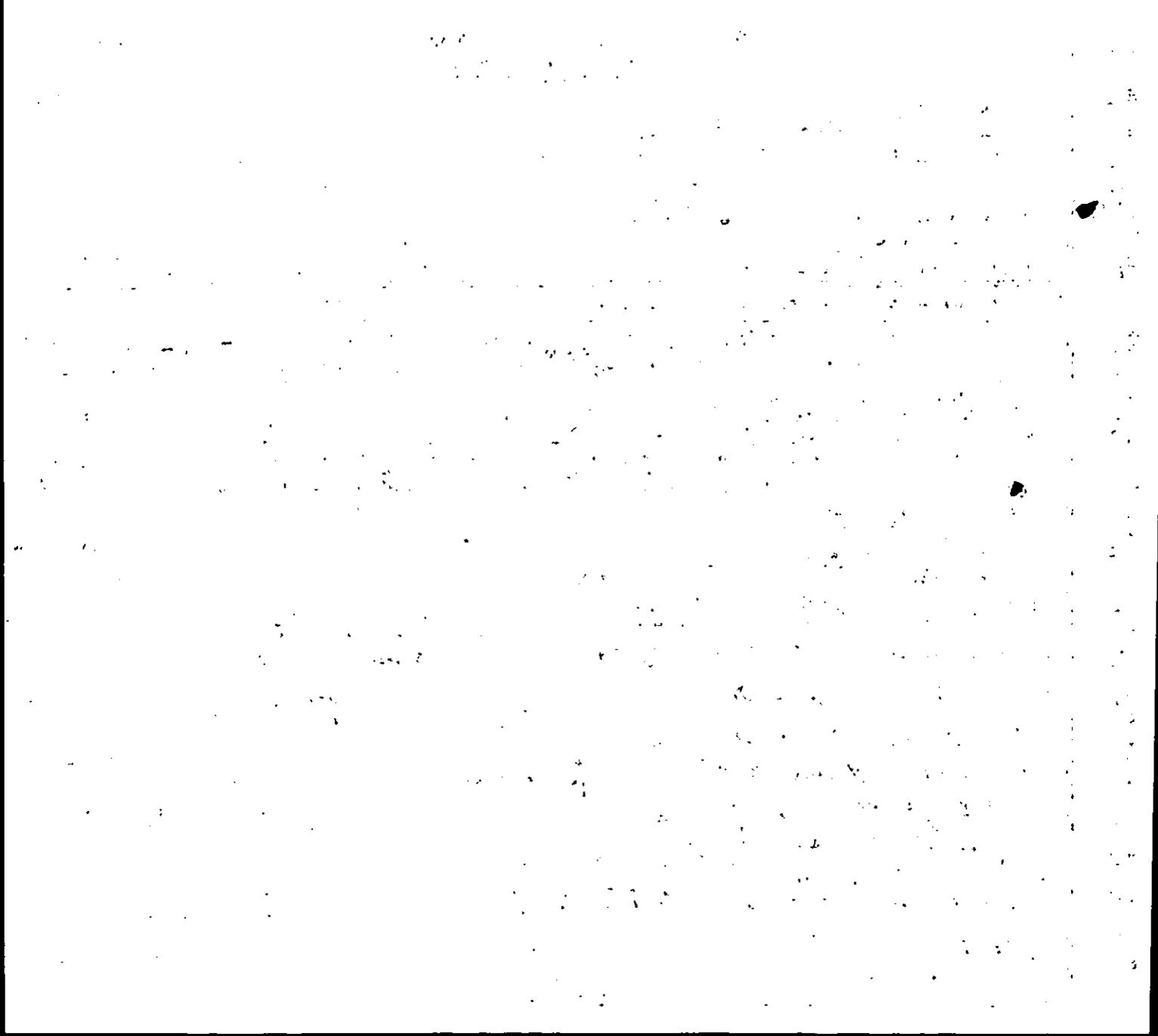
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Harold P. Garbe, M. D.

(Address) Desloge Mo



MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19441

Registrar's No. 948

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 774

Primary Registration District No. 601813

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

1. PLACE OF DEATH
(a) County St. Francois
(b) City or town ESTHER
(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 _____
In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Thiza Jewel
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years.

7. Birth date of deceased July 24 1874
(Month) (Day) (Year)
8. AGE: 65 Months 16 Days If less than one day _____ hr. _____ 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) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 5/18/40 (b) CB Farrar
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. County St. Francois
(c) City or town Esther
(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.

19. MEDICAL CERTIFICATION
20. DATE OF DEATH Month 7 day 10
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 _____

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)
Means of injury _____

23. Signature Harold C. Gabe (M. D. or other) _____
Address Desloge Date signed _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

S-19441