

AUG 10 1940

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

Do not use this space.

25147

1. PLACE OF DEATH

County Gentry Registration District No. 309
Township _____ Primary Registration District No. 489
City Albany (No. _____) St. _____ Ward _____

File No. _____
Registered No. 22

2. FULL NAME

(a) Residence, No. Albany 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 <u>male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Myrtle Schepers</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>aug 14-1878</u> | | |
| 7. AGE YEARS <u>61</u> | MONTHS <u>11</u> | DAYS <u>26</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>milking cows</u> | | |
| 10. Date deceased last worked at this occupation (month and year) _____ | | 11. Total time (years) spent in this occupation _____ |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) aug. 8 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1940, to Aug 8 1940

I last saw him alive on Aug 8 1940. Death is said

to have occurred on the date stated above, at 6:30 p.m.

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

Venous Thrombosis, extending from thigh, the point of injury, up into heart.

Other contributory causes of importance: 150

Name of operation _____ Date of _____

What test confirmed diagnosis? clin. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 7-23-1940

Where did injury occur? farm (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ran into post

Nature of injury mid-left thigh, region of femoral vein

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

If so, specify Frank H. Rose, M. D.

(Signed) _____ (Address) Albany, Mo.

| | |
|---|---|
| MOTHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gentry County Mo</u> |
| | 13. NAME <u>David Eley</u> |
| FATHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kendallville Ohio</u> |
| | 15. MAIDEN NAME <u>Loretta Howsher</u> |
| MOTHER | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u> |
| | 17. INFORMANT <u>Mrs. Myrtle Eley</u> (ADDRESS) <u>Albany Mo.</u> |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stanberry Mo.</u> DATE <u>Aug 10 1940</u> | |
| 19. UNDERTAKER <u>A. J. Bare</u> (ADDRESS) <u>Albany Mo.</u> | |
| 20. FILED <u>Aug 10 1940</u> <u>W. P. Mortimer</u> Registrar | |

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 import

RECEIVED

District Health Officer No. 11,

District File Number 840-1307

Date Filed AUG 15 1940