

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

Do not use this space.

27821

1. PLACE OF DEATH

County Atchison Registration District No. 17
 Township Clark Primary Registration District No. 4011
 City Fairfax, Mo. (No.) St. Ward)

File No.
 Registered No.

2. FULL NAME

(a) Residence, No. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 4 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</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>C. P. Makes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 1-1874</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>11</u>
	DAYS <u>23</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>House-wife</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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Atchison Co. Mo.</u>		
FATHER	13. NAME <u>J. M. Drago</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Mary Jane Redmon</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>N. J. Drago, Fairfax, Mo.</u>		
18. BURIAL, CREMATION, OR DISPOSAL PLACE <u>Pleasant Ridge</u> DATE <u>Aug. 26, 1940</u>		
19. UNDERTAKER (ADDRESS) <u>H. H. Schooler, Fairfax, Mo.</u>		
20. FILED <u>Aug 26, 1940</u> <u>Feltz, B. Black</u> Registrar.		

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

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1940, to Aug 23, 1940
 I last saw her alive on Aug 13, 1940. Death is said to have occurred on the date stated above, at 2:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Acute cardiac asthma
Coronary atherosclerosis - rheumatic
Artic. & mitral stenosis
Hypertension - arteriosclerosis
 Date of onset 7/12/40

Other contributory causes of importance:
None

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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) H. C. Bauman, M. D.
 (Address) Fairfax, 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

62,728

RECEIVED

District Health Officer No. 11,

District File Number 940-1394

Date Filed SEP 25 1946

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27821

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 17

Primary Registration District No. 4011

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Fairfax
(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 Clara B. Maper

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

4. Sex F 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. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day min.
65 11 23

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)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Aug. 26-1940 (b) Hetta B. Black
(Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Atchison
(c) City or town Fairfax
(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 Aug 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 _____

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. C. Bauman (M. D. or other) _____

Address Fairfax MO Date signed _____

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

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

