

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.

14 FEB 14 1941

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

Do not use this space.

2031

1. PLACE OF DEATH

County Callaway
Township St Aubert
City..... (No).....

Registration District No. 105
Primary Registration District No. 515-4

File No.....
Registered No. 29
St. Ward)

2. FULL NAME

(a) Residence, No. R #16 Fulton St. Ward. 0

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, town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elsie Brewer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
75 0 21

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

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. etc.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

13. NAME John Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

15. MAIDEN NAME Annice McGraw

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) etc 9

17. INFORMANT Sam Carrington (ADDRESS) Fulton, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE United Brethren DATE Jan 23 1941

19. UNDERTAKER Prof. H. H. Malone (ADDRESS) Fulton, Missouri

20. FILED 1-23 1941 W. H. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22-1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1941, to Jan 30, 1941. Last saw him alive on Jan 27, 1941. Death is said to have occurred on the date stated above, at 7:30 p.m. The principal cause of death and related causes of importance were as follows:

Influenza with chronic asthma
Date of onset

Other contributory causes of importance:
Partial paralysis from apoplexy of arteries & veins.

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?.....
If so, specify W. O. Payne (Signed) M. D.
(Address) R #16 Fulton Mo.

