

APR 15 1941

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

Do not use this space.

11700

## 1. PLACE OF DEATH

County PikeRegistration District No. 689

File No. ....

Township DuffaloPrimary Registration District No. 30313

Registered No. ....

City Louisiana (No. 1)Municipal Corp. Sanitarium (Ward)

## 2. FULL NAME

(a) Residence, No. 20377 St. D Ward. D

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Cummings6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/16/617. AGE YEARS 80 MONTHS 0 DAYS 1 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

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.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Juniata Penn13. NAME Dont Know14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn15. MAIDEN NAME Marah Tilton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know Penn17. INFORMANT (ADDRESS) Miss Emma Lee Drake18. BURIAL, CREMATION, OR REMOVAL PLACE Reserve DATE 2/20/4119. UNDERTAKER (ADDRESS) Dr. Naevy Louisiana Mo20. FILED MAR 17 1941 Dr. Naevy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17 194122. I HEREBY CERTIFY, That I attended deceased from 3-14, 1941, to 3-17, 1941.I last saw him alive on 3-16, 1941. Death is said to have occurred on the date stated above, at 6:24 A.M.

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

Arteriosclerotic heart disease Date of onsetOther contributory causes of importance: Coronary thrombosis

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) L. H. Blyskal D.D. M.D.(Address) Louisiana, Mo.

Every year 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.

RECEIVED

District Health Officer No. 10

District File Number 4-41-694

Date Filed APR 10 1941

I hereby certify that the body whose  
name is recorded on reverse side of this  
certificate was embalmed by me,

signed: George O. Wagner

License #: 3773

P.O. address: Louisiana, Mo.