

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

15901

1. PLACE OF DEATH

County Wright

Registration District No.

Mile No.

Township Wood

Primary Registration District No.

Registered No.

City Norwood (No.)

St. Ward

2. FULL NAME Brady Isaac Absher

(a) Residence, No. Norwood St. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Florence Absher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1886

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

55

4

27

OCCUPATION

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

Farmer

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) May 2, 1942

11. Total time (years) spent in this occupation all of life

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

Norwood Missouri

FATHER

13. NAME

Issac Absher

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

Wright, Missouri

MOTHER

15. MAIDEN NAME

Margaret Lane

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

Lebanon Missouri

17. INFORMANT (ADDRESS)

Mrs. Brady Absher Norwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Thomas Cemetery DATE 5/10 1942

19. UNDERTAKER (ADDRESS)

Ella J. Paulson Norwood, Mo.

20. FILED

19.

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1942

22. I HEREBY CERTIFY, That I attended deceased from

May 6 1942 to May 8 1942

I last saw him alive on 5/7 1942 Death is said

to have occurred on the date stated above, at 9:30 a.m. Home

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

Pneumonia

Labors

Date of onset

Other contributory causes of importance:

Flu

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

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

(Signed)

(Address)

M. D.

MAY 18 1942

MAY 18 1942



DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 15901Registration District No. 908Primary Registration District No. 6223

Registrar's No. _____

1. PLACE OF DEATH

(a) County Wright
(b) City or town Northwood
(If outside city or town limits, write "RURAL" and name of township)
(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 NAMEBrody I. Blucher3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex m5. Color or
race w6. (a) Single, widowed, married,
divorced m

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased dec 11
(Month) (Day) (Year)

8. AGE:

Years

55

Months

4

Days

If less than one day

13 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 _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 6/4/42
(Date of local registrar)(b) Ruby M. Perry
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month may day _____
year 1942 hour _____ minute _____ M.21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 _____ (M. D. or other) _____

Address _____ Date signed _____

1942

S-15901