

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

Do not use this space.

1139

1. PLACE OF DEATH

42 County Henry
Township Clinton
City..... (No..... St..... Ward.....)

Registration District No. 347
Primary Registration District No. 5488

File No.....
Registered No. 122

2. FULL NAME

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

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 or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 10 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil fields
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) 15 May 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Western Mo

MOTHER FATHER 13. NAME Don't know

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

15. MAIDEN NAME Don't know

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

17. INFORMANT Mrs Muffa Kearns (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL Swandell Cemetery DATE 1/4 19

19. UNDERTAKER Spore & Son (ADDRESS) Clinton Mo

20. FILED 1-4 19 33 Ed C Peeler Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1932 to Jan 2, 1933
I last saw him alive on Dec 31, 1932. Death is said to have occurred on the date stated above, at 2 P. M.
The principal cause of death and related causes of importance were as follows:

Date of onset 12-31-32
82 A 82 D 9 12 W
Other contributory causes of importance: apoplexy
magnum cerebral 1926

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.....
(Signed) L. Schwalber, M. D.
(Address) Clinton Mo

JAN 23 1933

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.

