

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

Do not use this space.

JUN 27 1935

17414

1. PLACE OF DEATH

County Pike
Township Cabernet
City Clarksville (No. _____) St. _____ Ward _____

Registration District No. 685
Primary Registration District No. 5909B

File No. 26
Registered No. 11

2. FULL NAME Olga Furman

(a) Residence, No. _____ 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

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 4 8

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

MOTHER FATHER 13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Arnuldia Furman
(ADDRESS) Clarksville Mo. R. 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Buckskin DATE May 5 1935

19. UNDERTAKER H. Brown
(ADDRESS) Clarksville

20. FILED June 1, 1935 W. H. Treachery
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1935

22. I HEREBY CERTIFY, That I attended deceased from May 3 1935, to May 3rd 1935

I last saw him alive on May 3 1935: Death is said to have occurred on the date stated above, at 7:20 PM

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

Date of onset May 3-1935

Other contributory causes of importance:
Enlarged prostate with unobstructed retention at times

Date of death May 3, 1935

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) E. M. Barrett, M. D.
(Address) Clarksville 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.

