

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

Do not use this space.

JAN 25 1937

44545

1. PLACE OF DEATH

County Deer  
Township Osage  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 345  
Primary Registration District No. 5486

File No. \_\_\_\_\_  
Registered No. 269  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

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

Length of residence in city or town where death occurred 47 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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24 1856

I found him dead Death is said to have occurred on the date stated above, at 5:30 a. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
80 9 5

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

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

I was called at 4: a. m. to see deceased, and when I arrived I found him dead. From history given by his family, my diagnosis is, Cerebral Hemorrhage.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Went Farm

10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation 60

Other contributory causes of importance: Cerebral Hemorrhage

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louville, Kentucky

13. NAME Arthur Austin Eraws

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) will supply letter

15. MAIDEN NAME Nancy Bell Harris

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

17. INFORMANT (ADDRESS) William M. Eraws, Osage, Mo. R.R.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maplewood DATE Dec. 31, 1936

19. UNDERTAKER (ADDRESS) B. A. Rickett, Brownington, Mo.

20. FILE NO. Dec. 30, 1936 C. D. Taylor, M.D. Registrar.

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) C. D. Taylor, M. D.  
(Address) Brownington, 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.

DE 8-17 1952