

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

MAR 17 1936

Do not use this space.

**1. PLACE OF DEATH**

County Callaway  
 Township Fulton  
 City Fulton (No. ....)

Registration District No. 104  
 Primary Registration District No. 3008

4879

File No. ....  
 Registered No. 69  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. Ambrose Strick Loden St. .... Ward.

(Usual place of abode) State Hospital (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 5 yrs. 8 mos. 15 ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed?</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF D.K.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) no Record

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>78(2)</u>			

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>no Record.</u>
	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) no Record

13. NAME no Record

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

15. MAIDEN NAME no Record.

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

17. INFORMANT Records State Hospital (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Monahan Cem DATE 2-28-36

19. UNDERTAKER Albert Hornbeck (ADDRESS) Prairie Home Mo

20. FILED 2-27-1936 R. M. Cremer Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-27, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1935, to Feb 27, 1936

I last saw him alive on 2-26, 1936. Death is said to have occurred on the date stated above, at 6:50 am.

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

Cerebral Hemorrhage.

Date of onset 2-27-36

Other contributory causes of importance:

gru arteriosclerosis

Name of operation .....

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 .....

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) Richard B. Bridgman, M. D.

(Address) Fulton, 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.

Dr. C. C. C.