

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

Do not use this space.

6116

1935 FEB 27 1935

1. PLACE OF DEATH

County Monroe Registration District No. 571
 Township Franklin Primary Registration District No. 4335
 City California Mo California (No. California) St. California (Ward)

File No. _____

Registered No. 16

2. FULL NAME

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30 - 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 25

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

13. NAME Ned Pace

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

15. MAIDEN NAME Velva Meyer

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

17. INFORMANT (ADDRESS) Velva Pace California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City Park DATE Feb 27 1935

19. UNDERTAKER (ADDRESS) Hilleau & Fred Meyer California Mo

20. FILED 2-27-1935 H.R. Popejoy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-26-1935

22. I HEREBY CERTIFY, That I attended deceased from 2-3-, 1935, to 2-26-, 1935

I last saw him alive on 2-25-, 1935 Death is said to have occurred on the date stated above, at 10 P m.

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

Indigestion
gall
 11
 Other contributory causes of importance:
Bottle of causing acute gastritis

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 _____, 1935

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) H.R. Popejoy M. D.
 (Address) California 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.

