

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.

APR 22 1935

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

Do not use this space.

9904

1. PLACE OF DEATH

County Monticello

Township North

City California

Registration District No. 571

Primary Registration District No. 4335

File No. _____

Registered No. 20

St. 7

Ward) _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward. _____

(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

W.

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Widowed

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

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

Mar 24 1845

7. AGE

YEARS

89

MONTHS

11

DAYS

14

If LESS than 1
day, _____ hrs.
or _____ min.

OCCUPATION

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)

Wm. Robert

13. NAME

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

Don't Know

15. MAIDEN NAME

Don't Know

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

Don't Know

17. INFORMANT
(ADDRESS)

Mr. Thomas Leary
California

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cem

DATE 3/10

1935

19. UNDERTAKER
(ADDRESS)

William & Fred Meyer
California

20. FILED

3-16-

1935

H.R. Popejoy

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-8-1935

22. I HEREBY CERTIFY, That I attended deceased from

8-20-, 1934, to 3-8-, 1935

I last saw him alive on 3-4-, 1935. Death is said

to have occurred on the date stated above, at 11 A m.

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

Chronic valvular
Heart-trouble

Date of onset

Other contributory causes of importance:

Atherosclerosis

Name of operation None Date of _____

What test confirmed diagnosis Plum. anal 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? no

If so, specify _____

(Signed) H.R. Popejoy

M. D.

(Address) California

