

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.

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

Do not use this space.

2162

1. PLACE OF DEATH

County Lawrence
Township North Mount Vernon
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 470
Primary Registration District No. 5633

File No. 9
Registered No. _____

2. FULL NAME

Hairy Moral River
(a) Residence, No. California Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frances E. River</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 16th, 1886</u>		
7. AGE <u>46</u>	YEARS <u>11</u>	MONTHS <u>2</u>
		DAYS <u>2</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Refrigeration Engineer</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) <u>July 15, 1932</u>
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) James Town
(STATE OR COUNTRY) Missouri

13. NAME George River

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

15. MAIDEN NAME Caroline Herber

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

17. INFORMANT Mo. State Sanatorium Records
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE California DATE July 18th, 1933

19. UNDERTAKER Mo. B. Co.
(ADDRESS) North Vernon

20. FILED 7/10, 1933 N. J. Fulton
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18, 1933

22. I HEREBY CERTIFY That I attended deceased from Nov. 3, 1932 to Jan. 18, 1933
I last saw him alive on Jan. 18, 1933 Death is said to have occurred on the date stated above, at 5:00 AM.
The principal cause of death and related causes of importance were as follows:

<u>Pulmonary Tuberculosis</u> <u>23A</u> <u>25</u>	Date of onset <u>Nov. 31</u>
Other contributory causes of importance: <u>Intestinal Tuberculosis</u>	<u>Nov. '32</u>

Name of operation none Date of _____
What test confirmed diagnosis? X-ray 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. E. Haupp, M. D.
(Address) Mount Vernon Mo.

