

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

Do not use this space.

17206

1. PLACE OF DEATH

County Moniteau
Township Waver
City California (No.)

Registration District No. 571
Primary Registration District No. 4335

File No.
Registered No. 37 St. Ward)

2. FULL NAME

(a) Residence, No. California St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 1

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) Unknown

MOTHER / FATHER 13. NAME Austie Logan

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

15. MAIDEN NAME Maury E. McDonald

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

17. INFORMANT Mrs. Delia Bryant (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem Ave DATE 5-14-1933

19. UNDERTAKER J. H. Spillers (ADDRESS) Osborne

20. FILED 5-13 1933 J. M. Work Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-13-1933

22. I HEREBY CERTIFY, That I attended deceased from 5-5-1933 to 5-13-1933
I last saw her alive on 5-13-1933 Death is said to have occurred on the date stated above, at 10:48 m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

Other contributory causes of importance:

Name of operation None Date of None
What test confirmed diagnosis? Physician 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) H. B. Poppey, M. D.
(Address) California Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SHOULD

JUN 23 1933

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Monroe

Registration District No. 571

Township California

Primary Registration District No. 4335

City California (No.)

File No.

Registered No.

St. Ward)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

M

4. COLOR OR RACE

W

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

M

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

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

5-12-1850

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

83

0

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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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER (ADDRESS)

20. FILED

19

Registrar.

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

May 14, 19 53

22. I HEREBY CERTIFY, That I attended deceased from

....., to, 19.....

I last saw h..... alive on, 19..... Death is said

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

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

Date of onset

Other contributory causes of importance:

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)

(Address)

Hal Popejoy, M. D.
California mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
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.

5-17A06