

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.

1. PLACE OF DEATH

County Monticau
Township Walker
City California (No. _____)

Registration District No. 571

Primary Registration District No. 4335

File No. 35068

Registered No. 49

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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 9 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mail carrier

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) Monticau Co

13. NAME M. J. Jobe

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

15. MAIDEN NAME Mary Ogden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cale Co Mo

17. INFORMANT (ADDRESS) Mr. Presley Jobe

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem DATE 10/27/31

19. UNDERTAKER (ADDRESS) Williamst Friedmayer

20. FILED Oct 25 31 G. R. Roth

Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-24-, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-12, 1931, to 10-24-, 1931

I last saw him alive on 10-24-, 1931. Death is said to have occurred on the date stated above, at 7 P m.

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

Chronic Valvular heart trouble
92A 92B
112

Other contributory causes of importance: Bronchial Asthma

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 _____

At (Signed) A. R. Popejoy, M. D.

(Address) California Mo.

