

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.

SEP 1 1934

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

Do not use this space.

30133

1. PLACE OF DEATH

County Monroe
Township Waller
City California (No.)

Registration District No. 571
Primary Registration District No. 4335

File No.
Registered No. 410
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) Dec 14 - 1875

7. AGE YEARS 78 MONTHS 7 DAYS 26 IF LESS than 1 day, hrs. or min.

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) Cooper Co

13. NAME W. A. York

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

15. MAIDEN NAME Mollie Apperson

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

17. INFORMANT Mrs. J. R. Pope (ADDRESS) California, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mossie Cem. DATE 8/12/34

19. UNDERTAKER William F. Trueman (ADDRESS) California, Mo.

20. FILED 8-12-1934 H. R. Popejoy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 28 1934 to Aug 10 1934.
I last saw him alive on Aug 9 1934. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

infected of R. Lung
9217
931
1110
92A
Other contributory causes of importance:
Insufficiency of nutrition
valvular disease
condition
Date of onset 8/8/34

Name of operation none 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) Dr. Burke Jr. M. D.
(Address) California, Mo.

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