

SEP 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Monticane
 Township Walter
 City California (No. 2)

Registration District No. 541
 Primary Registration District No. 4335

File No. 31261
 Registered No. 74
 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4 - 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
25 9 8

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) California Mo

13. NAME Arthur Christian

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

15. MAIDEN NAME Mattie Bush

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

17. INFORMANT Arthur Christian
 (ADDRESS) California Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE City Cemetery DATE Aug 14 - 1937

19. UNDERTAKER William & Fred Meyer
 (ADDRESS) California Mo

20. FILED 9-13-1937 H.R. Poppey
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12, 1937

22. I HEREBY CERTIFY That I attended deceased from

Apr 30, 1937 to Aug 12, 1937

I last saw him alive on Aug 12, 1937 Death is said

to have occurred on the date stated above, at 10:20 a.m.

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

Acute military Date of onset _____
Tuberculosis

Other contributory causes of importance: 32a

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? No

If so, specify _____

(Signed) J. J. Bush, M. D.

(Address) California, Mo

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.

1897

1. The first part of the paper is devoted to a general survey of the history of the subject, and to a discussion of the various theories which have been advanced to explain the origin of the disease.

2. The second part of the paper is devoted to a detailed description of the various forms of the disease, and to a discussion of the various methods which have been employed for its treatment.

3. The third part of the paper is devoted to a discussion of the various methods which have been employed for the prevention of the disease, and to a discussion of the various methods which have been employed for the control of the disease.

4. The fourth part of the paper is devoted to a discussion of the various methods which have been employed for the diagnosis of the disease, and to a discussion of the various methods which have been employed for the prognosis of the disease.

5. The fifth part of the paper is devoted to a discussion of the various methods which have been employed for the treatment of the disease, and to a discussion of the various methods which have been employed for the control of the disease.