

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

Do not use this space.

MAR 27 1935

6117

1. PLACE OF DEATH

County Moniteau
Township Walker
City McGirk, Mo. (No. _____)

Registration District No. 571
Primary Registration District No. 5769

File No. _____
Registered No. 11
St. _____ Ward _____

2. FULL NAME Emel August Maier

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/13/1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
32 4 26

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

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) life 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) McGirk (STATE OR COUNTRY) Missouri.

13. NAME William Maier

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

15. MAIDEN NAME Emma Kirchoff

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

17. INFORMANT Frieda Maier (ADDRESS) McGirk, Mo.

18. BURIAL, CREMATION, OR REMOVAL Salem, Cam. McGirk, Mo. 2/11/35

19. UNDERTAKER Wm. J. Schuchert (ADDRESS) McGirk, Mo.

20. FILED 2-11-35 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/9/1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1935, to Feb 9, 1935

I last saw him alive on Feb 9, 1935. Death is said

to have occurred on the date stated above, at 4:50 A.M.

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

Pneumonia, Inter-cerebral hemorrhage

Date of onset

Other contributory causes of importance: g d

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) J. P. Burke, M. D.

(Address) Cambridge, Mass.

1. The first part of the report is a general statement of the purpose and scope of the study. It is followed by a brief review of the literature on the subject. The next section is a description of the methods used in the study. This is followed by a presentation of the results of the study. The final section is a discussion of the results and their implications.

2. The second part of the report is a detailed description of the methods used in the study. This includes a description of the subjects, the materials, and the procedures. It also includes a description of the data collection and analysis methods. This section is followed by a presentation of the results of the study. The final section is a discussion of the results and their implications.