

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

Do not use this space.

5803

1. PLACE OF DEATH: *MAY 26 1935*  
 County *Jefferson* Registration District No. *421*  
 Township *Goochum* Primary Registration District No. *5575*  
 City *Herculaneum* St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (a) Residence, No. *Herculaneum Mo* St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred *30* 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 *Married*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mrs. Mary Letton*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 1 - 1874*  
 7. AGE YEARS *61* MONTHS *0* DAYS *26* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc. *Laborer*  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Leaf Plant*  
 10. Date deceased last worked at this occupation (month and year) *Jan 1933* 11. Total time (years) spent in this occupation *30 yrs*  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Richwoods Mo*  
 13. NAME *Michel Letton*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Washington Co Mo*  
 15. MAIDEN NAME *Margaret Rowe*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Washington Co Mo*  
 17. INFORMANT (ADDRESS) *Ann Rittenberg*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Herculaneum* DATE *March 15 1935*  
 19. UNDERTAKER (ADDRESS) *Fink & Co Mo*  
 20. FILED *3/4* 1935 *J. E. Rutledge* Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 26 1935*  
 22. I HEREBY CERTIFY, that I attended deceased from *January 1933* to *Feb. 26 1935*  
 I last saw him alive on *Feb. 20 1935* Death is said to have occurred on the date stated above, at *10:50 a.m.*  
 The principal cause of death and related causes of importance were as follows:  
*Myocardial* Date of onset *Jan 1 1934*  
*Acute infection*  
 Other contributory causes of importance:  
 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? *No* 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 *Dr. O. E. Hensley* M. D.  
 (Signed) *Herculaneum Mo* (Address)

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.

