

MAR 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County *St. Joe*
Township *St. Joe*
City *St. Joseph* (No.)

Registration District No. *780*
Primary Registration District No. *4466*

File No. *7961*
Registered No. *7* (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

MEDICAL CERTIFICATE OF DEATH

3. SEX *male* 4. COLOR OR RACE *white* 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) *May 26 1857*

7. AGE YEARS *79* MONTHS *8* DAYS *20* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *County, farm hand*

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) *Bloomdale Missouri*

13. NAME *Chas. Dewey*

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

15. MAIDEN NAME *Marie Carson*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

17. INFORMANT (ADDRESS) *August Baskley St. Joseph Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Joseph Mo* DATE *Feb. 17 1937*

19. UNDERTAKER (ADDRESS) *Geo. G. Baskley St. Joseph Mo*

20. FILED *Feb 17 1937 T.W. Douglas Registrar.*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2/16/ 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 9 - 1937*, to *Feb 16 1937*
I last saw him alive on *Feb 15 1937* 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:

Influenza

Date of onset *2/7/37*

Other contributory causes of importance: *Arterio-sclerosis, Arterio-sclerosis*

Name of operation. Date of.
What test confirmed diagnosis? *clinical* Was there an autopsy? *no*

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) *A. H. Lamer*, M. D.
(Address) *St. Joseph, 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.

