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

Do not use this space.

1918

1. PLACE OF DEATH
County: Mercer
Township: Morgan
City: Princeton (No. ..... St. ..... Ward)
Registration District No. 556
Primary Registration District No. 4328
File No. .....
Registered No. 197

2. FULL NAME: J. C. Solel
(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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed
6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 8 1876
7. AGE: Years 53 | Months 5 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo Harrison County

PARENTS
10. NAME OF FATHER: J. F. Solel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ruza Bohemia
12. MAIDEN NAME OF MOTHER: Unknown.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ruza Bohemia

14. INFORMANT (Address): Earl Solel Princeton Mo
15. FILED 1/3 1930 J. M. Perry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 2 1930
17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1930, to Jan 2, 1930 that I last saw him alive on Jan 2, 1930 and that death occurred, on the date stated above, at 2:10 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute dilatation of heart
Pneumonia fever
Bronchial Type
(duration) ..... yrs. ..... mos. 2 ds.
CONTRIBUTORY (SECONDARY): Bronchial asthma
(duration) 3 yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1000
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
3 WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
(Signed) J. Lewis, M. D
Jan 3, 1930 (Address) Princeton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Princeton, Mo
DATE OF BURIAL: Jan 5, 1930
20. UNDERTAKER: Noel Moss
ADDRESS: Princeton 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.