

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

Do not use this space.

85

33648

1. PLACE OF DEATH

County Duchman Registration District No. 100 File No. 1043
 Township Washington Primary Registration District No. 100 Registered No. 1043
 City Joseph (No. 2502 South 1st St. Ward)

2. FULL NAME

(a) Residence, No. 2502 So 1st St., Ward. (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17/1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
15 2 22

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Day School

10. Date deceased last worked at this occupation (month and year) March 1931 11. Total time (years) spent in this occupation

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

13. NAME William William

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

15. MAIDEN NAME Nora Dodge

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln County Missouri

17. INFORMANT (ADDRESS) Mrs. Nora M. Murtrey 2502 So 1st St.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Oct. 14 1931

19. UNDERTAKER (ADDRESS) W. J. Hiden 602 So. 10th St.

20. FILED OCT 14 1931 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr 28 1931, to Oct 9 1931

I last saw him alive on Oct 9 1931. Death is said to have occurred on the date stated above, at 3:07 m.

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

Mitral regurgitation Date of onset May 13

Other contributory causes of importance:

Rheumatism
myocarditis

Name of operation None Date of None

What test confirmed diagnosis? blinco Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1931

Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) Charles H. Werner M. D.

(Address) 315 Kirkpatrick Bldg

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.

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