

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

Do not use this space.

37302

1. PLACE OF DEATH

County St. Louis
Township Hallcomb
City _____ (No. _____)

Registration District No. 284
Primary Registration District No. 5404

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

2. FULL NAME

(a) Residence, No. _____, _____, 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1 1925

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>6</u>	<u>2</u>	<u>20</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child at home

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) _____

FATHER 13. NAME Edd Causey

14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Ill.

MOTHER 15. MAIDEN NAME Rosie McNeill

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Ill.

17. INFORMANT Edd Causey (ADDRESS) Hallcomb

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Ann's Cem DATE _____ 19 _____

19. UNDERTAKER Trinity (ADDRESS) _____

20. FILED 12-11 1931 J. A. Anderson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 1931, to Nov 20 1931

I last saw him alive on Nov 10 1931. Death is said to have occurred on the date stated above, at 3:25 p. m.

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

Typhoid fever
Date of onset Oct 26

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Thymol test Was there an autopsy? Yes

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? Home (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? Yes

If so, specify _____ (Signed) J. A. Anderson M. D.
(Address) Hallcomb Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 20 1931

