

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

Do not use this space.

File No. **19316**
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH
32 County DEKALB. Registration District No. 5.62
Township POLK. Primary Registration District No. 5364
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME CHARLES CARSON EVERETT.
(a) Residence, No. _____ St. _____ Ward UNION STAR, MO.
(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) MARRIED.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>MIRANDA EVERETT.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JAN. 5, 1881.</u>		
7. AGE YEARS <u>52</u>	MONTHS <u>5</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>GEN. FARMING.</u>		
10. Date deceased last worked at this occupation (month and year) <u>SEPT. 1931.</u>		11. Total time (years) spent in this occupation <u>34y</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>STEWARTSVILLE, MO.</u>		
13. NAME <u>WILLIAM EVERETT.</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>SAVANNAH, MO.</u>		
15. MAIDEN NAME <u>MARY MAYSE</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>STEWARTSVILLE, MO.</u>		
17. INFORMANT <u>Mrs. Grace Redding</u> (ADDRESS) <u>UNION STAR, MO.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>UNION CHAPEL</u> DATE <u>6/14/33.</u>		
19. UNDERTAKER <u>H. H. Wilcox</u> (ADDRESS) <u>KING CITY, MO.</u>		
20. FILED <u>June 12, 1933</u> <u>B. M. Reynolds</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/13/33. 1933

22. I HEREBY CERTIFY That I attended deceased from April 10, 1933 to June 12, 1933
I last saw him alive on June 12, 1933 Death is said to have occurred on the date stated above, at 1:30 A.M.
The principal cause of death and related causes of importance were as follows:
Cancer of stomach
Date of onset _____

Other contributory causes of importance:
Cancer of liver

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

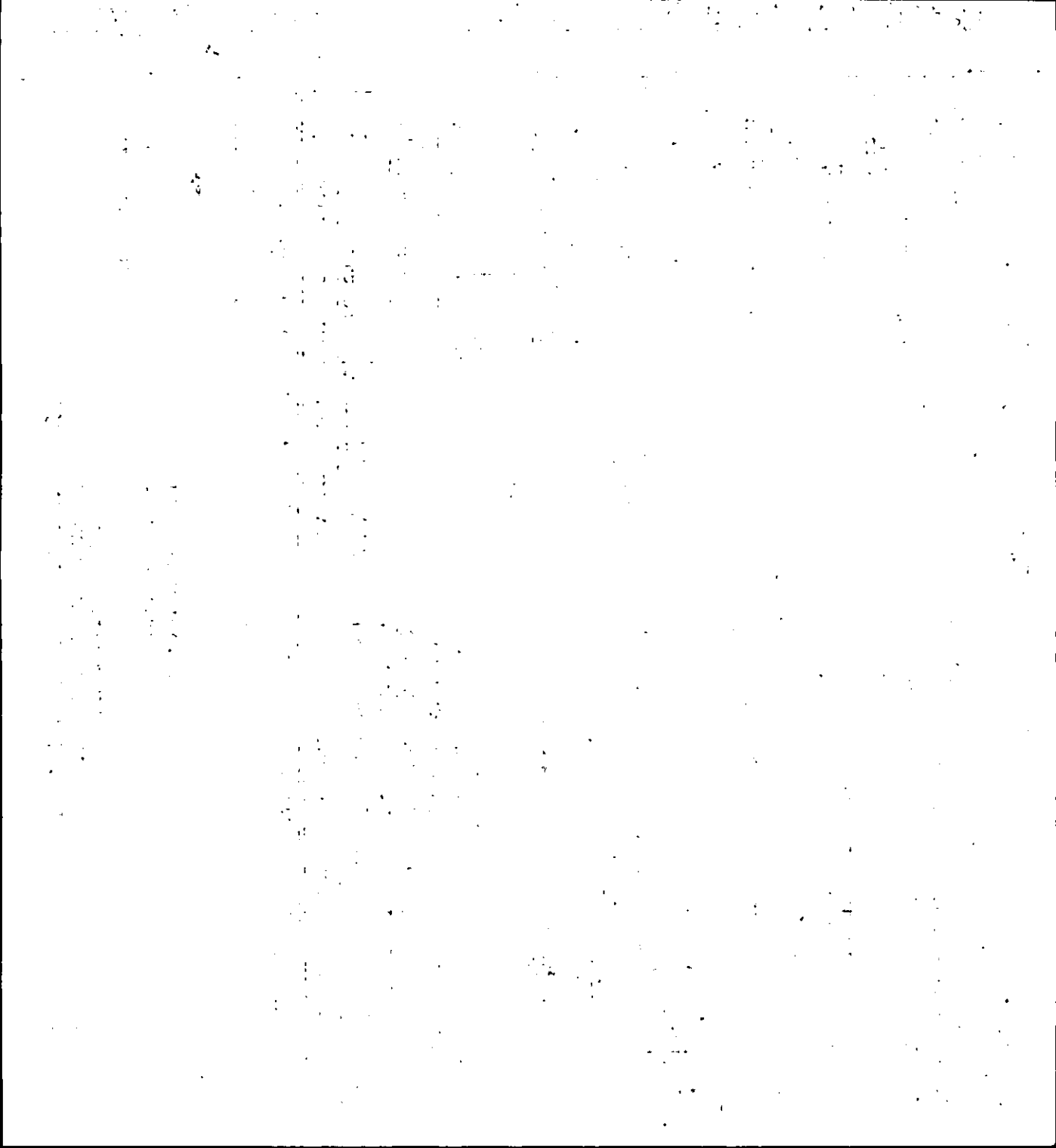
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Cancer of stomach
(Signed) Guthrie E. Rockwell
(Address) UNION STAR, 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.

JUL 22 1933



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis

Registration District No. 262

Township St. Louis

Primary Registration District No. 5364

City St. Louis (No. _____)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME Charles E. Ewitt

(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 _____

4. COLOR OR RACE _____

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED _____ 19____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1933

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Causes of stroke
Causes of heart failure
Other contributory causes of importance: _____
Causes of heart failure

Date of onset _____

Name of operation _____ 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? _____ 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 _____

(Signed) W. J. ... M. D.
(Address) _____

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-19-316