

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

Do not use this space.

1. PLACE OF DEATH

County Donnell
Township _____
City _____ (No. _____)

Registration District No. 384
Primary Registration District No. _____

File No. 36338
Registered No. _____
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

3. SEX ma 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Olara B. Aumerman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar- 1866-

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin.
<u>67</u>				

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

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) Ray Chestnut, Mrs. John Park, mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rocktony DATE 11-29 1933

19. UNDERTAKER (ADDRESS) McIslands, W. H. Law, mo,

20. FILED 11-29 1933 Vida M. Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-27 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-12 1933, to 11-27 1933. I last saw him alive on 11-26-33. Death is said to have occurred on the date stated above, at 4:30 m.

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

Acute yellow atrophy
125% of Liver
175

Other contributory causes of importance _____

Name of operation none Date of _____

What test confirmed diagnosis? _____ 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

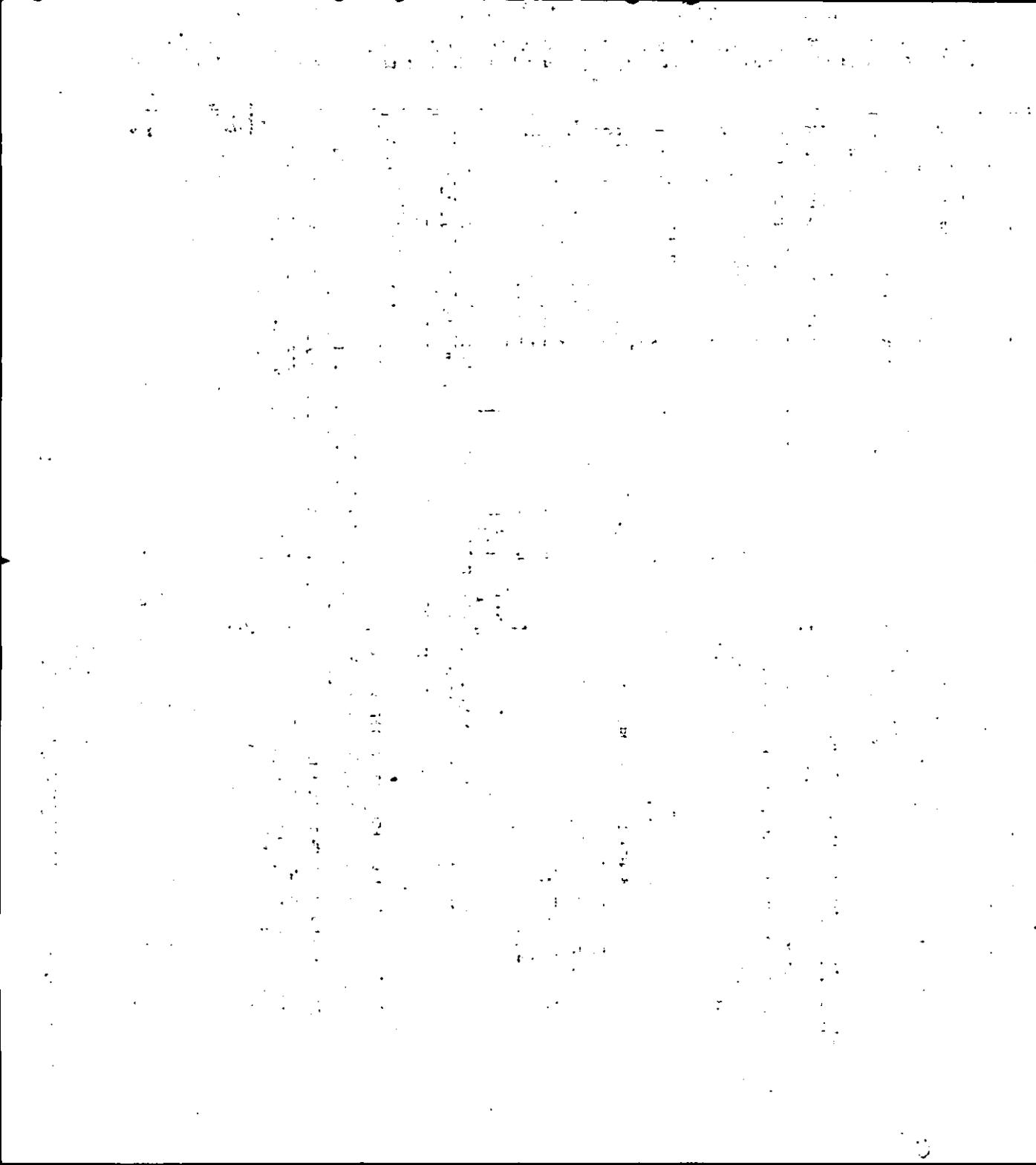
If so, specify _____ (Signed) J. H. Gunn M. D.

(Address) near Fair, 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.

11-29-33
31
31
31



This certificate is incomplete, as the man had no relatives. The only information the undertaker was able to get was given by a neighbor.

This certificate is not included in my report.

Vida W. Simmons

3633A
(1933)