

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

Do not use this space.

40626

1. PLACE OF DEATH

County Lewis
Township Union
City La Grange, Mo. (No. _____, St. _____ Ward _____)

Registration District No. 480
Primary Registration District No. 4289

File No. _____
Registered No. 29

2. FULL NAME Conrad Accola

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30th 1933

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 27th 1933, to Dec 30th 1933

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10th 1845

I last saw him alive on Dec 30th 1933. Death is said to have occurred on the date stated above, at 7:30 a.m.

7. AGE YEARS MONTHS DAYS **IF LESS than 1 day,hrs. ormin.**
88 7 20

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

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

Asphyxiation
13711 by pneumonia
821
1877
OK - [Signature]

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**

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Devos Glaris Switzerland

13. NAME Conrad Accola

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Devos Glaris Switzerland

15. MAIDEN NAME Anna Doniet

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Devos Glaris Switzerland

17. INFORMANT (ADDRESS) S.C. Accola La Grange, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE La Grange DATE Jan 2nd 1933

19. UNDERTAKER (ADDRESS) A.A. Roberts La Grange, Mo.

20. FILED Dec 31 1933 W. E. [Signature] Registrar.

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) Dr. L. E. [Signature] M.D.
(Address) La Grange, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 26 1934

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