

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

Do not use this space.

MAR 24 1934

4435

1. PLACE OF DEATH

32

County *Lapeer*
Township *Walk*
City *Union Star*

Registration District No. *53-64*
Primary Registration District No. *262*

File No. *267/53*
Registered No. *04*

2. FULL NAME

(a) Residence No. *Union Star, Mo* St. *Union Star, Mo* Ward. *Union Star, Mo*
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred *30* 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

4. COLOR OR RACE

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

Male White Single

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.
61 8 11

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

Truck driver Kirkwood, Ill.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED

Mabel Munschaw Union Star, Mo
Mch 19 34 E M Reynolds REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR)

17.

I HEREBY CERTIFY That I attended deceased from *Oct 19 33* to *Feb 28 19 34* that I last saw him alive on *Feb 20 19 34* and that death occurred, on the date stated above, at *7: A.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
(duration) yrs. *2* mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *E M Reynolds M.D.* (Address) *Union Star Mo*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

Union Star Mo 31 2 19 34
20. UNDERTAKER *H. D. Wilson King City Mo*
ADDRESS

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.

