

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 15 1934

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

Do not use this space.

38336

1. PLACE OF DEATH

County Washington
Township Union
City (No.)

Registration District No. 897
Primary Registration District No. 6182

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St. 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/27/1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 64 10 1

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

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) Richwood Mo.

13. NAME Jeff. Ruel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richwood Mo.

15. MAIDEN NAME Margaret Emily

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richwood Mo.

17. INFORMANT Dave Jackson (ADDRESS) Leadet Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oldtime DATE 10/27/34

19. UNDERTAKER (ADDRESS) B. BOYER & SON POTOSI, MO.

20. FILED Oct 24 1934 C. F. Bresswell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/26 1934

22. I HEREBY CERTIFY, That I attended deceased from July 4 1934, to Oct. 26 1934. I last saw him alive on July 4 1934. Death is said to have occurred on the date stated above, at 11 P. m.

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

Carcinoma Stomach Date of onset

Other contributory causes of importance:

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) C. F. Bresswell M. D.

(Address) Potosi, Mo.

