

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

Do not use this space.

1. PLACE OF DEATH MAR 28 1935

County Pemscot
Township Little Paie
City Steele MO (No.)

Registration District No. 651
Primary Registration District No. 5862

File No. 43893a
Registered No. 25
St. Ward)

2. FULL NAME Eurich Person

(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 M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-1-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 1 0

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. L

10. Date deceased last worked at this occupation (month and year) Oct 1934 11. Total time (years) spent in this occupation 4 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Ark

13. NAME William Person

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

15. MAIDEN NAME Edie Eaton

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

17. INFORMANT (ADDRESS) Sid Arnold Steele Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stally Grad DATE 12-1-34

19. UNDERTAKER (ADDRESS) Garner Undert Co Steele Mo

20. FILED Feb 16 1935 Ada Martine Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-1-1935

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at 2:00 m.

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

Congestion of the
Bright Disease and
Malaria

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

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

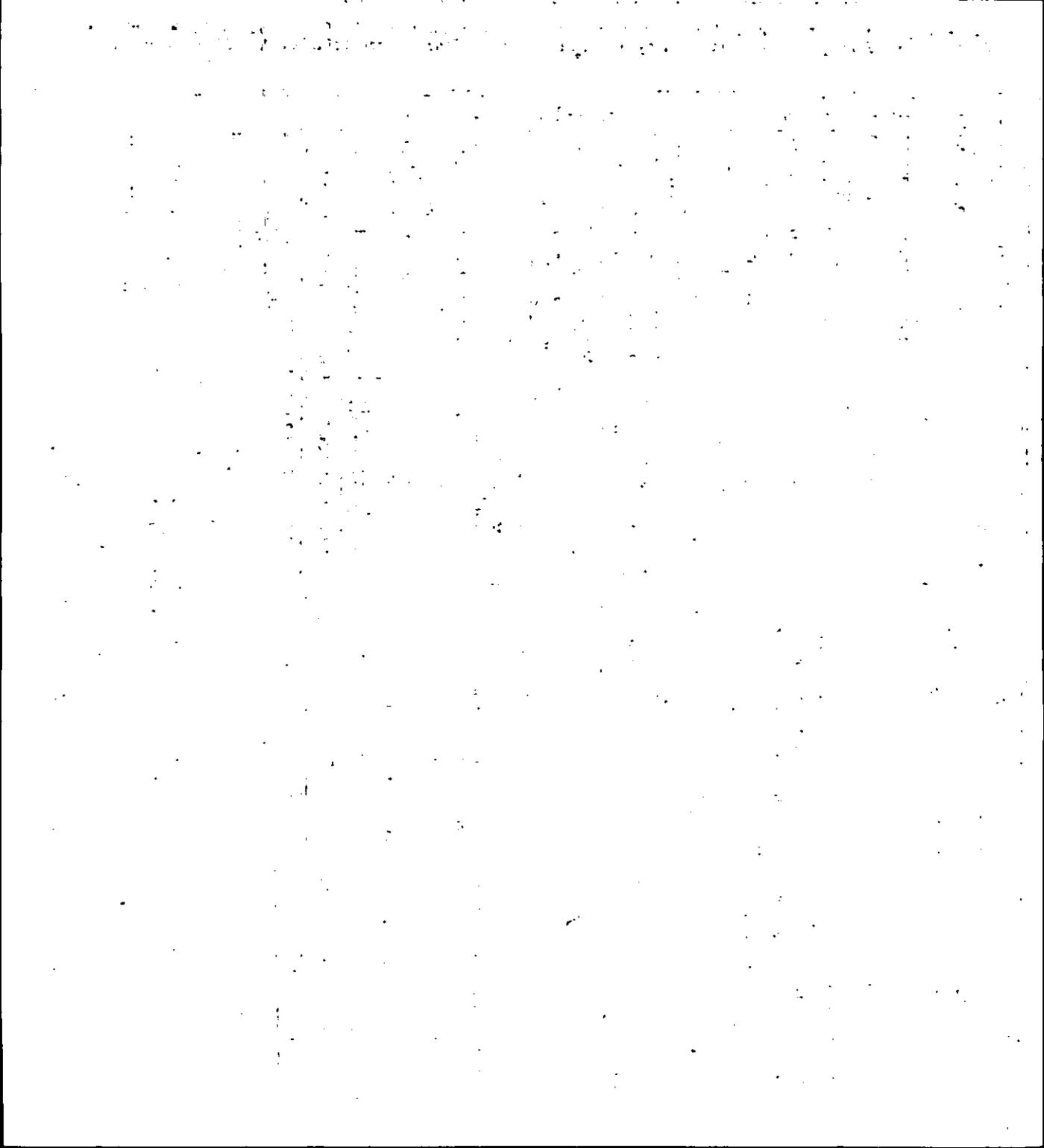
24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Rhodes Cronin

(Address) Steele 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.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pemiscot
Township.....
City..... (No., St. Ward)

Registration District No. 651
Primary Registration District No. 5862

File No.....
Registered No.....

2. FULL NAME

Curish Person

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1, 1934

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

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

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

I last saw him alive on, 19..... Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 58 1 0

to have occurred on the date stated above, at..... m.

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.

Congestive & chill Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Chronic, 13 1

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance:

Brought on disease and malaria

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

13. NAME

Name of operation..... Date of.....

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

What test confirmed diagnosis?..... Was there an autopsy?.....

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:

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

Accident, suicide, or homicide?..... Date of injury....., 19.....

17. INFORMANT (ADDRESS)

Where did injury occur?..... (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL

Specify whether injury occurred in industry, in home, or in public place.

PLACE..... DATE....., 19.....

Manner of injury.....

19. UNDERTAKER (ADDRESS)

Nature of injury.....

20. FILED Jan. 10 1935 Eda Martin Registrar

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed)....., M. D.

(Address).....

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

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

APR 8 1935

5-43893a