

MAR 23 1936

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

Do not use this space.

6835

1. PLACE OF DEATH

County Mercur
Township Morgan
City Princeton (No.)

Registration District No. 556
Primary Registration District No. (5759)
4328

File No.
Registered No. 10
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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21 - 1954

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 1 19

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) Mo.13. NAME P. Fairley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Lindsay16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT Guyley Fairley (ADDRESS) Princeton Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Underwood DATE Feb 12 193619. UNDERTAKER Jack Mess (ADDRESS) Princeton Mo20. FILED 2/12 1936 Jim Perry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10 1936

22. I HEREBY CERTIFY That I attended deceased from Feb. 10 1936 to Feb. 10 1936
I last saw him alive on Feb 9 1936. Death is said

to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

Sudden Death - found dead in bed. I however had a chronic valvular heart disease, mitral regurgitation and aortic regurg. stenosis with a disturbance of conduction. Had a severe cold for 4-5 days - no pneumonia.

Name of operation Date of
What test confirmed diagnosis? Post. Lab. 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? No.
If so, specify

(Signed) C. B. Bristow, M. D.(Address) Princeton, 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.

