WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAR 26 1936

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

Do not use this space.

8996

1. PLACE OF DEATH
County Washington
Township Union
City ..... (No. ..... St. ..... Ward)

Registration District No. 881
Primary Registration District No. 6181

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

2. FULL NAME Sover Declue.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/3/1868

7. AGE YEARS 67 MONTHS 6 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tiff Miner
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) Old Mines Mo

FATHER
13. NAME Felix Declue.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old Mines Mo.

MOTHER
15. MAIDEN NAME Zoe Boyer.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old Mines Mo.

17. INFORMANT (ADDRESS) Martha Coleman Cadet Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old Mines Mo DATE 2/17 1936

19. UNDERTAKER (ADDRESS) J. B. Boyer & Son Potosi Mo.

20. FILED Feb 20 1936 G. F. Crescente Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1936, to Feb. 16, 1936
I last saw him alive on Feb. 14, 1936 Death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia
Right lung
108

Date of onset

Other contributory causes of importance:
Arterio-sclerosis

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) Jos. L. Thurman, M. D.
(Address) Potosi, Mo.