

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.

26 1937

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

Do not use this space.

1. PLACE OF DEATH

County Stone
Township Centerville
City Grant

Registration District No. 846
Primary Registration District No. 6105

File No. 9133
Registered No. 5
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 Male 4. COLOR OR RACE White 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) Nov 15 1915

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
21 2 28

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Stone Co. Mo

FATHER
13. NAME John Gereu

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stone Co. Mo

MOTHER
15. MAIDEN NAME Orpha Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Co. Mo

17. INFORMANT (ADDRESS) Mrs John Gereu
Rollings mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant Cemetery DATE Feb 14 37

19. UNDERTAKER (ADDRESS) Dr. J. P. Turner & Son
Marionville, Mo

20. FILED 9-10-37 H. A. Janner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1937 to July 13 1937

I last saw him alive on Feb 11 1937. Death is said to have occurred on the date stated above, at 9:45 a.m.

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

Lobar Pneumonia Date of onset Jan 26 1937
108

Other contributory causes of importance:
Helpless ~~to~~ ^{at} ~~birth~~ ^{birth} ~~could~~ ^{could} ~~not~~ ^{not} feed himself or sit alone

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? no

If so, specify _____
(Signed) J. P. Brown M. D.
(Address) Rollings, Mo.

