

REC'D SEP 9 1938

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

29549

Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery
(b) Township Danville
(c) City Mineola Mo.
(e) Length of residence in city or town where death occurred

Registration District No. 9-k8
Primary Registration District No. 1186E

Registered No. _____

(d) Street No. 1110 Death occurred in Hospital or Institution, write its name instead of street and number) _____ St. _____
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas A. Page

(a) Residence, No. Mineola Mo St.

(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 Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7 1864

7. AGE YEARS 73 MONTHS II DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as 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) Mineola Mo

FATHER 13. NAME Robert W. Page

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

MOTHER 15. MAIDEN NAME Bethany Bibb

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

17. INFORMANT E. E. Gregory (ADDRESS) Mineola

18. BURIAL, CREMATION, OR REMOVAL PLACE Bryant Cem DATE 8/11/38

19. FUNERAL DIRECTOR (NAME) C. V. Hopkins (ADDRESS) Montgomery City Mo

20. FILED Aug. 10. 1938 Mrs Elmer Gregory Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/9/38 1938

I HEREBY CERTIFY, That I attended deceased from Aug 28 1937, to Aug 9 1938

I last saw him alive on Aug 9 1938 Death is said to have occurred on the date stated above, at 8pm m.

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

Cerebral Hemorrhage
Bilateral Hemiplegia
Pulmonary Edema
Chronic Myocarditis
Cardiac Asthma

Date of onset
8-9-38
8-9-38
8-9-38

Other contributory causes of importance:
Chronic Myocarditis
Cardiac Asthma

8-28-38
8-28-38

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) E. J. Anderson, M. D.
(Address) Montgomery City, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. If necessary, specify. NOTE should be stated EXACTLY. PHYSICIANS should state

PK
Miles

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, on the 9th day of Aug 1938, or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No. I487

P. O. Address Montgomery City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.