

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

MAX 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County McDonald
Township Center
City (No.) St. Ward)

Registration District No. 1167
Primary Registration District No. 5680

File No. 16898
Registered No. 13

2. FULL NAME

Wm F Michael

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bella Michael</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 2, 1876</u>		
7. AGE <u>60</u>	YEARS <u>2</u>	MONTHS <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Fanner</u>		11. Total time (years) spent in this occupation
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)		

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	13. NAME <u>Robert Michael</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	15. MAIDEN NAME <u>Betty Arnold</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	17. INFORMANT (ADDRESS) <u>Mrs Della Michael</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chilwood Cem</u> DATE <u>Jan 1, 1937</u>
	19. UNDERTAKER (ADDRESS) <u>Bella Funeral Home</u>
	20. FILED <u>April 19, 1937</u> <u>Acta Callings</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 20 - 1937
I HEREBY CERTIFY, That I attended deceased from Jan - 4 - 1937, to Jan - 20 - 1937
I last saw him alive on Jan - 20 - 1937. Death is said to have occurred on the date stated above, at 5:42 m.

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

Ch. Brights Disease & Arterio Sclerosis

Other contributory causes of importance:
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Name of operation None Date of
What test confirmed diagnosis? Chemia 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?

(Signed) O. S. McCall M. D.
(Address) Wiltons Mo

