

REC'D JUL 17 1938

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

Do not use this space.

21632

1. PLACE OF DEATH

County Clay

Township

City Liberty moRegistration District No. 201Primary Registration District No. 5280(No. 534 Richfield 3012)

File No.

Registered No. 51

St.

Ward)

2. FULL NAME

(a) Residence, No. Charles Storey
(Usual place of abode)

St.

Ward.

(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

Male

4. COLOR OR RACE

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

married

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

Anna Storey

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

Mar 17-1885

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

83223

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

unemployed

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

Dont know

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

mo

15. MAIDEN NAME

Dont know

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

Dont know

17. INFORMANT (ADDRESS)

Emma Storey
534 Richfield

18. BURIAL, CREMATION, OR REMOVAL PLACE

Liberty mo 6-12-38
Lawson Cemetery

19. UNDERTAKER (ADDRESS)

Flynn & Greenherl
Liberty mo

20. FILED

6/13 1938E T Brant

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

June 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 8, 1938, to June 10, 1938I last saw him alive on June 10, 1938 Death is saidto have occurred on the date stated above, at 2:30 P.M.

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

Date of onset

Robert Pneumonia
June 6, 38

Other contributory causes of importance:

108
General Arteriosclerosis

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical as there an autopsy? No

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) Burton Matthey, M. D.(Address) Liberty mo1938

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

