

MAY 18 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

14052

1. PLACE OF DEATH

County Boone
 Township Cassville
 City Columbia (No. 111)

Registration District No. 73
 Primary Registration District No. 3006

File No. _____
 Registered No. 111
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 711 Mo. St. Boone 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 Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 5 16

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

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) Coley, Mo. (STATE OR COUNTRY) _____

13. NAME Geo. W. Coley
 14. BIRTHPLACE (CITY OR TOWN) North Carolina (STATE OR COUNTRY) _____

15. MAIDEN NAME Berry Jane Vandike

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

17. INFORMANT Mrs. J. G. Nichol (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE April 9 1936

19. UNDERTAKER Parker, Frank (ADDRESS) Columbia, Mo.

20. FILED 4/9/ 1936 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 6 - 1936, to April 8, 1936
 I last saw him alive on April 7, 1936 Death is said

to have occurred on the date stated above, at 1 A.m.

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

Cerebral Embolism
Pneumonia - Hypostatic

Other contributory causes of importance:

Paralytic Astenia

Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury _____, 1936

Where did injury occur? None (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) Carl D. Dietrich M. D.
 (Address) 410 Union Bldg.

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.

THIS IS A PERMANENT RECORD

