

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

Do not use this space.

26074

1. PLACE OF DEATH

County Sta. Genevieve
Township Jackson
City _____ (No. _____)

Registration District No. 780
Primary Registration District No. 6028

File No. _____
Registered No. 53
St. _____ Ward _____

2. FULL NAME CHARLES W. CHARLEVILLE

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 72 yrs. 5 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 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) FEB. 12 1859

7. AGE YEARS 72 MONTHS 5 DAYS 1 IF LESS than 1 day, hrs. or min.

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

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) BLOOMSDALE MISSOURI

13. NAME ROY CHARLEVILLE

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

15. MAIDEN NAME LOUISE CARRON

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

17. INFORMANT WALTER CHARLEVILLE (ADDRESS) BRICKEYS MISSOURI

18. BURIAL, CREMATION, OR REMOVAL PLACE CONCORD CEMETERY DATE JULY 14 1931

19. UNDERTAKER JOHN BASLER (ADDRESS) ST. GENEVIEVE MO

20. FILED JULY 14 1931 T. W. Douglas Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1931 to July 13 1931

I last saw him alive on July 13 1931 Death is said to have occurred on the date stated above, at 5:40 A.M.

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

Schronic Myo Carditis Date of onset 1900

93E 930

Other contributory causes of importance:

Name of operation NO Date of _____

What test confirmed diagnosis? clinical Was 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) Arthur E. Sawyer M. D.
(Address) St. Genevieve Mo

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.

AUG 28 1931

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