

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

W. S. Sato JUL 27 1936

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

Do not use this space.

24048

1. PLACE OF DEATH

County St. Francois
Township Boyer
City North of St. Anne Park (No. _____)

Registration District No. 775
Primary Registration District No. 6. P. 2. 0

File No. _____
Registered No. 46
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 702 Bonnetiere, St. Mo. Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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>Alice Furley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 7 - 1882</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>4</u>
	DAYS <u>2</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1936, to June 9, 1936. I last saw him alive on June 9, 1936. Death is said to have occurred on the date stated above, at 2:40 a.m.

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

Lobar Pneumonia

Other contributory causes of importance:

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12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St. Francois Co. Mo.

13. NAME
Joseph Furley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St. Francois Co. Mo.

15. MAIDEN NAME
Elizabeth Terry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Jefferson Co. Mo.

17. INFORMANT (ADDRESS)
R. C. Furley
702 Bonnetiere St. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE
Mount Olive DATE 6/11, 1936

19. UNDERTAKER (ADDRESS)
Burham Wood Co.
Bonnetiere St. Mo.

20. FILED June 11, 1936 N. W. Hawkins Registrar.

Name of operation _____ 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) W. S. Sato M. D.
(Address) W. S. Sato Mo

