LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

7

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

1 PLACE OF DEATH

County Monroe

Township Union
or
Village
or
City (NO. St.; Ward)

Registration District No. 580 File No. 2219

Primary Registration District No. 5737 Registered No. 1

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Martin Daghembaugh

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Widowed

6 DATE OF BIRTH April (Month) 29 (Day) 1831 (Year)

7 AGE 85 yrs. 85 mos. 14 ds. If LESS than 1 day, ...hrs. or ....min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry business, or establishment in which employed (or employer) 0

9 BIRTHPLACE (City or town, State or foreign country) Penn 0

PARENTS

10 NAME OF FATHER Jno Daghembaugh

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Penn

12 MAIDEN NAME OF MOTHER dont know

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Penn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Amos Bennett
(Address) Madison, Mo.

15 Filed Jan 14, 1917 E. C. Brooks Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January (Month) 13 (Day), 1917 (Year)

17 I HEREBY CERTIFY, that I attended deceased from Jan 11th, 1917, to Jan 13-13, 1917, that I last saw him alive on January 11, 1917, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Unknown Chronic Disease

200 P (Duration) 189 yrs. mos. ds.

CONTRIBUTORY (Secondary)

Jan 14 (Duration) yrs. mos. ds.

(Signed) P. C. Davis M. D.

Jan 14, 1917 (Address) Madison Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Middle Grove Mo

DATE OF BURIAL Jan 14, 1917

20 UNDERTAKER Fred A. Thompson

ADDRESS Madison 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.

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

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

1 PLACE OF DEATH

County .....

Township ..... Registration District No. ..... File No. .....
or
Village ..... Primary Registration District No. ..... Registered No. .....
or
City ..... (NO. ....., ... St.; ..... Ward)

(If death occu
hospital or in
give its NAME
of street and r

2 FULL NAME .....

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

6 DATE OF BIRTH

..... (Month) ..... (Day), 1..... (Year)

7 AGE

.....yrs. .....mos. .....ds.

If LESS than 1 day, ...hrs. or .....min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry business, or establishment in which employed (or employer) .....

9 BIRTHPLACE
(City or town, State or foreign country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER
(City or town, State or foreign country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15

Filed ....., 191....., ...
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

..... (Month) ..... (Day), 19

17 I HEREBY CERTIFY, that I attended deceas

....., 191....., to ....., 1

that I last saw h.....alive on ....., 1

and that death occurred, on the date stated above, at .....

The CAUSE OF DEATH* was as follows:

.....

.....

..... (Duration) .....yrs. .....mos.

CONTRIBUTORY .....
(Secondary)
..... (Duration) .....yrs. .....mos.

(Signed) .....

....., 191..... (Address) .....

*State the Disease Causing Death, or, in deaths from Violent Ca
(1) Means of Injury; and (2) whether Accidental, Suicidal or Ho

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra or Recent Residents)

At place of death .....yrs. .....mos. .....ds. In the State .....yrs. .....mos.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

20 UNDERTAKER	ADDRESS