

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

Do not use this space.

37925

1. PLACE OF DEATH

County... Ripley
Township... Varma
City... Osley

Registration District No. 70-1

Primary Registration District No. 5788

File No. 192
Registered No. 33
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ 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 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) Aug. 16, 1882

7. AGE 45 YEARS MONTHS 4 DAYS 12 IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work merchant
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) Ridgeway, Galatin Co., Ill.

10. NAME OF FATHER Stephen Wathen

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) Caseyville, Union Co., Ky.

12. MAIDEN NAME OF MOTHER Amelia W. Howard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) Springfield, Washington Co., Ky.

14. INFORMANT (Address) Teresa M. Hughes, Naylor, Mo.

15. FILED 1/30 1927 H. H. H. H. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 28, 1927

17. I HEREBY CERTIFY, That I attended deceased from June, 1925, to Dec. 28, 1927 that I last saw him alive on Dec. 28, 1927, and that death occurred, on the date stated above, at 4:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

23A Tubercular meningitis
31 (duration) _____ yrs. mos. 6 ds.
CONTRIBUTORY (SECONDARY) pulmonary tuberculosis
(duration) 3 1/2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH...

DID AN OPERATION PRECEDE DEATH... no DATE OF _____

WAS THERE AN AUTOPSY... no

WHAT TEST CONFIRMED DIAGNOSIS... clinical

(Signed) H. H. H., M. D.

(Address) Naylor, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

St. Stephens Cem 19

20. UNDERTAKER ADDRESS

Mrs. M. Gish Naylor, 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.

EMERGENCY RECORD

1928

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