

MAR 16 1928

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

Do not use this space.

4042

1. PLACE OF DEATH

County Buchanan Registration District No. 92 File No. 3
Township Marion Primary Registration District No. 5724 Registered No. 3
City (No. 1 mile south of Easton, Mo.) St. Ward

2. FULL NAME Wilbur Lee Daniels

(a) Residence No. 1 M. So. of Easton, Mo. St. Ward
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 23 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) NOV. 8, 1927.

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

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>2</u>	<u>23</u>	<u> </u>

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Buchanan County,
(STATE OR COUNTRY) Missouri,

10. NAME OF FATHER Elton Daniels,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clinton Co.,
(STATE OR COUNTRY) Missouri.

12. MAIDEN NAME OF MOTHER Grace Wright,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Buchanan Co.
(STATE OR COUNTRY) Missouri.

14. INFORMANT Elton Daniels
(Address) R. F. D. # 1, Saxton, Mo.

15. FILED 3/10, 1928 D. F. Bigham M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 1, 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1928 to Feb 1, 1928
but I last saw alive on Feb 1, 1928, and that death occurred, on the date stated above, at 9:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Inflammation of bowels
1193/1313
(duration) yrs. mos. ds.

CONTRIBUTORY not known
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at Home

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) D. F. Bigham, M. D.

2/2, 1928 (Address) Easton 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

Moxley Cemetery Feb. 2, 1928

20. UNDERTAKER ADDRESS

Heaton Bellale & Baume St. Joseph, Mo
General Home

WRITE PLAINLY, WITH UNFADING INK. 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.

