JAN 25 1929

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

Do not use this space.

41867

1. PLACE OF DEATH
County Newton — Registration District No. 611 — File No.
Township Dayton — Primary Registration District No. 5815 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME John Henry Daniels
(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 yrs. mos. 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Ellen Raymon
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 15 - 1841
7. AGE: Years 87, Months 4, Days 5, If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) Missouri

PARENTS
10. NAME OF FATHER Dont Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont Know

14. INFORMANT Mrs. J. H. Daniels
(Address)
15. FILED 12/27, 1928 C. E. Norris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 20 1928
17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to Dec 2 ..., 1928 that I last saw h. ..... alive on Dec 14, 1928 and that death occurred, on the date stated above, at 1 Am.
THE CAUSE OF DEATH WAS AS FOLLOWS:
Lobar Pneumonia
10-A
155
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) ..... yrs. ..... mos. 10 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? ✓
(Signed) W. C. Farmer M. D
, 19 (Address) Seneca 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: Burkhart Cemetery — DATE OF BURIAL: Dec. 21 1928
20. UNDERTAKER: Buzzard & Gallemore — ADDRESS: Seneca 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.