

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

Do not use this space.

39921

**1. PLACE OF DEATH**

County Candor Registration District No. 120  
Township Russell Primary Registration District No. 5172  
City Waverly, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 17

**2. FULL NAME**

Michael Champlain  
(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Vianna Champlain

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 7 1841

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
88 11 20

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. None  
(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) Tenn

10. NAME OF FATHER Alec Champlain

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

**14.**

INFORMANT L. Halmer  
(Address) Macks Creek Mo

**15.**

FILED 12/28/29 D. J. Myers REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 21st, 1929, to Dec 27th, 1929, that I last saw him, alive on Dec 27th, 1929, and that death occurred, on the date stated above, at 6:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Catarhal influenza

CONTRIBUTORY (SECONDARY) 11.5 (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED about (duration) yrs. mos. ds.

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) G. J. Myers, M. D.

12/28/29 (Address) Macks Creek 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

Macks Creek Cemetery Dec 28th 1929

20. UNDERTAKER ADDRESS

R. T. Brown Macks Creek 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.

RECORD

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