

DEC 23 1930

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

Do not use this space.

38245

1. PLACE OF DEATH

County ScottRegistration District No. 816

Township

Primary Registration District No. 4492

City

Chaffee Mo (No. 32)

File No.

Registered No. 32

St.

Ward)

2. FULL NAME

(a) Residence. No. 208 Helen

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 5 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

Child

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

Sept 12 1929

7. AGE

YEARS

MONTHS

DAYS

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

123

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Child

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Chaffee Mo

10. NAME OF FATHER

Wesley Abey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Centers Ridge Ark

12. MAIDEN NAME OF MOTHER

Zippie Daniel

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

Essex Mo

14.

INFORMANT

(Address)

W. J. Sample
Chaffee MoNov. 21 1930

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Nov. 20 1930

17.

I HEREBY CERTIFY, That I attended deceased from

Nov 11 1930Nov 11 1930that I last saw him alive on Nov 20 1930, and that death occurred, on the date stated above, at 2-0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia10 7 1/2(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OFWAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

W. J. Sample M. D.
Chaffee 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

Hazelton Tenn 11-21 1930

20. UNDERTAKER

ADDRESS

W. J. Sample Chaffee 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.

R. W. FINLEY,

REGISTERED DRUGGIST
CHAFFEE, MISSOURI

G.M. or C. C.

R

Name

Date

1-6-30

" Bronchopneumonia : " (If secondary give
Primary Cause ")

Is not Bronchial Pneumonia sufficient cause of death
and if not supported by a primary or contributory cause
must this be so stated , that it did not follow measles
Whooping Caught etc., I merely want to comply with
consistent requirements . Is the above quotation
self explanatory ?? or is it in error in meaning of
the present requirements ??

GEO. A. SAMPLE, M. D.

REG. NO. 3166

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Scott
Township Cherokee
City Cherokee (No.)

Registration District No. 816
Primary Registration District No. 4492

File No.
Registered No. 32
St. Ward)

2. FULL NAME

(a) Residence. No. John Nathaniel Alvey 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S (write the word)

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(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)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT (Address)

15.

FILE 11-21-30 G. A. Sample REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 20 1930

17. I HEREBY CERTIFY, That I attended deceased from, 19.... to, 19.... that I last saw him alive on, 19...., and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicemic pneumonia

CONTRIBUTORY (SECONDARY) 100% (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed), M. D. , 19 (Address)

*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

20. UNDERTAKER

ADDRESS

19

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

