

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

Do not use this space.

10771

1. PLACE OF DEATH

County Miller
Township
City Bagnell (No.)

Registration District No. 561
Primary Registration District No. 5756

File No.
Registered No. 47
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 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) September 11, 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bagnell Missouri

13. NAME Frank White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Haskell Oklahoma

15. MAIDEN NAME Orabelle Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn County Kansas

17. INFORMANT (ADDRESS) Frank White Bagnell, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Eldon, Mo. DATE 3-31-31

19. UNDERTAKER (ADDRESS) W. A. Phillips Eldon, Mo.

20. FILED 3-31-31 1931 Belle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1931

22. I HEREBY CERTIFY That I attended deceased from March 23, 1931 to March 30, 1931

I last saw him alive on March 29, 1931. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Epidemic cerebral spinal meningitis

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) E. K. Musson, M. D.
(Address) Eldon, Missouri

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAY 27 1931

