

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

Do not use this space.

17084

1. PLACE OF DEATH

County Bates Registration District No. 50
Township Mt. Pleasant Twp. Primary Registration District No. 5074
City (No. County Infirmary) St. _____ Ward _____

File No. _____
Registered No. 35 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Henry Green St. _____ Ward _____
(Usual place of abode) County Infirmary

(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Don't know</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Don't know</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>Don't know</u>	DAYS <u>Don't know</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u> <u>91</u>		
13. NAME <u>Don't know</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
15. MAIDEN NAME <u>Don't know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT <u>Mrs. J. J. Radford Supt Home</u> (ADDRESS) <u>Butler mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill</u> DATE <u>May 29 1931</u>		
19. UNDERTAKER <u>Culver</u> (ADDRESS) <u>Butler mo</u>		
20. FILED <u>5/29 1931</u> <u>Henry L. Culver</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1931

22. I HEREBY CERTIFY That I attended deceased from Jan 1 1927 to May 28 1931
I last saw him alive on May 28 1931 Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus Date of onset 5 yrs ago

Other contributory causes of importance: 59

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? (1)

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? _____
If so, specify _____
(Signed) R. E. Culver, M. D.
(Address) Butler mo

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.

JUN 24 1931

