

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

Do not use this space.

1. PLACE OF DEATH

County Andrew
Township Maple
City Leadwood (No. _____)

Registration District No. 15
Primary Registration District No. 3018

27410

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

2. FULL NAME

(a) Residence, No. Maple Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 18 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellen May Furdale
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13 1885
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 45-11-19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Aug 13 1931
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Board on Ill

13. NAME Alfred Furdale
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

15. MAIDEN NAME May Ann Furdale
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cherokee Co. Kansas

17. INFORMANT (ADDRESS) Ellen May Furdale, Leadwood, Mo. 64641

18. BURIAL, CREMATION, OR REMOVAL PLACE La Salle DATE Aug 24 1931

19. UNDERTAKER (ADDRESS) Wm. J. Jaffrey, Leadwood, Mo.

20. FILED Aug 24 1931 W. C. Jaffrey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22 1931
22. I HEREBY CERTIFY, That I attended deceased from 15 Aug 1931 to Aug 22 1931
I last saw him alive on Aug 22 1931. Death is said to have occurred on the date stated above, at 3:30 pm.
The principal cause of death and related causes of importance were as follows:

Myocarditis
920
115
93/10
Other contributory causes of importance: Influenza
Date of onset 8/15-31
8/10-31

Name of operation _____ Date of _____
What test confirmed diagnosis? Cholera? 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. M. Reynolds M. D.
(Address) Union Star 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.

