

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.

OCT 24 1931

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

Do not use this space.

32005

1. PLACE OF DEATH *Oregon*  
 County *Clatsop* Registration District No. *632*  
 Township *Oak Grove* Primary Registration District No. *1882*  
 City *Maym* (No. *5847*) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *Edward Daniel*  
 (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 <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>infant</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>sep 11, 31</i>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>none</i>	
	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) <i>Oak Grove, Oregon</i>		
FATHER	13. NAME <i>Raymond Daniel</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Maym, MO R2</i>	
MOTHER	15. MAIDEN NAME <i>Dora Williamson</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Junction</i>	
17. INFORMANT (ADDRESS) <i>Mrs. Jane Hed</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Jess Hill</i> DATE <i>sep 12 1931</i>		
19. UNDERTAKER (ADDRESS) <i>Wightman</i>		
20. FILE NO. <i>sep 14 1931</i> <i>Dr. Rhea</i> Registrar.		

**1 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *sep 11 1931*

22. I HEREBY CERTIFY, That I attended, deceased from *sep 11 1931* to *sep 11 1931*. I last saw him alive on *sep 11 1931*. Death is said to have occurred on the date stated above, at *7 a. m.* The principal cause of death and related causes of importance were as follows:  
*Congenital atelectasis*  
*161A*  
*W. W.*

Other contributory causes of importance: \_\_\_\_\_

5 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) *Dr. Rhea*, M. D.  
 (Address) *Maym, MO*

