

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

Do not use this space.

38038

1. PLACE OF DEATH

Country Japan
Township Mumfres
City Beaumont (No.)

Registration District No. 413
Primary Registration District No. 5559e

File No.
Registered No. 21 Ward

2. FULL NAME

(a) Residence, No. 635 So. Hall St., Ward. Miss City
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. 21 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grae Sheekell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 2 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lacemaking
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) Lebanon Mo

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Records

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Weaver DATE 19.

19. UNDERTAKER (ADDRESS)

20. FILED 11/5/31 J. C. Weaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr 13 1931 to Nov 3 1931
I last saw him alive on Nov 3 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:

Pulmonary Tuberculosis
23A
2 yrs
Other contributory causes of importance:

Name of operation Pea Suture 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) Jane E. Douglass, M. D.
(Address) Miss City

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.

DEC 22 1931

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

