

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

Do not use this space.

38438

PLACE OF DEATH

County Newton Registration District No. 609
Township Keosauqua Primary Registration District No. 4363
City Keosauqua (No. _____) St. _____ Ward _____

File No. 88
Registered No. _____ St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 902 Young St. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 2 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>May Large</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 23 1868</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>8</u>
	DAYS <u>10</u>	IF LESS than 1 day, hrs. min. <u>00 00</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>	
	10. Date deceased last worked at this occupation (month and year) <u>7/7/31</u>	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Spain</u>		
MOTHER FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Mrs. May Large</u> <u>902 Young St. Neosho Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Keosauqua Cemetery</u> DATE <u>11-5-31</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. Thompson</u> <u>Neosho Mo.</u>		
20. FILED <u>4/7</u> 19 <u>31</u> <u>C. E. Mearns</u> <u>by Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

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

2. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1931, to _____, 19____.

I last saw him alive on Nov. 3, 1930. 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:

Apoplexy - cerebral hemorrhage
82A

Other contributory causes of importance:

8. 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) D. D. Cullert, M. D.
(Address) Neosho, 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.

