

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

Do not use this space.

**41263**

**1. PLACE OF DEATH**

County Jasper  
Township Casterville  
City Casterville (No.     )

Registration District No.       
Primary Registration District No.     

File No.       
Registered No.       
St.      Ward     

**2. FULL NAME**

(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 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 Husband of Cora Snider  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1861  
7. AGE YEARS 70 MONTHS 6 DAYS 6 If LESS than 1 day, hrs. or min.

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)      11. Total time (years) spent in this occupation     

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

13. NAME Don't know

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

15. MAIDEN NAME Don't know

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

17. INFORMANT Mrs. Elmer C. Johnson  
(ADDRESS) Casterville

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Reeds DATE 12/27/1931

19. UNDERTAKER Steele and Co.  
(ADDRESS)     

20. FILED Dec. 25-31 J. W. Clark  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24<sup>th</sup>, 1931, to Dec. 25, 1931  
I last saw him alive on Dec. 24, 1931 Death is said to have occurred on the date stated above, at 1:15 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis  
23A  
11A  
July 1931

Other contributory causes of importance: Influenza  
July 1931

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? No.

If so, specify J. W. Clark, M. D.

(Signed) J. W. Clark, M. D.  
(Address) Casterville, 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.

MAINTAINED FOR BINDING

