

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

Do not use this space.

1925

1. PLACE OF DEATH

74 County Madaway Registration District No. 628
 9 Township _____ Primary Registration District No. 3031
 7 City Maryville (No. St. Francis Hospital) St. _____ Ward _____

File No. _____
 Registered No. 10
 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 22-1913

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>18</u>	<u>10</u>	<u>7</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labour - 257
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Atchison Mo

10. NAME OF FATHER Robert Townsend

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Washington B Kansas

12. MAIDEN NAME OF MOTHER Margie Prater

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Atchison B Mo

14. INFORMANT Robert Townsend (Address) Rock Port Mo

15. FILED 1-29-32 Memmie Clardy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1932, to Jan 29, 1932 that I last saw h. k. alive on Jan 29, 1932 and that death occurred, on the date stated above, at 12:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-Pneumonia

117A
 (duration) _____ yrs. _____ mos. 4 ds.
 CONTRIBUTORY (SECONDARY) 107A
 (duration) _____ yrs. 1 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. Rockport, Mo.

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical tests
 (Signed) Chas. J. Bee, M. D.
 _____, 19 _____ (Address) Maryville, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Rock Port Mo Jan 29 1932

20. UNDERTAKER ADDRESS
W. E. Buttram Rock Port 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.

FEB 25 1932

