

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

Do not use this space.

4182

1. PLACE OF DEATH

County Dallas Registration District No. _____
 Township Buffalo Primary Registration District No. 241
 City Buffalo 4147 St. _____ Ward _____

File No. _____
 Registered No. 618
 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 Lula Lane

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-5-1895

7. AGE YEARS 37 MONTHS _____ DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

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) Park Mo

13. NAME Brook Brady

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

15. MAIDEN NAME Monty Lane

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

17. INFORMANT Lula Lane (ADDRESS) Buffalo Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bagley DATE Feb-21-32

19. UNDERTAKER (ADDRESS) W. J. Smith Buffalo Mo

20. FILED 3/10 19 32 Therese Moran Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-26-1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1932, to Feb 26 1932

I last saw him alive on 6 p.m. 1932 Death is said to have occurred on the date stated above, at 6 p.m.

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

Miliary Tuberculosis Jan 1 1932
32 B

Other contributory causes of importance: _____

Name of operation (D) 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) Quade O. Garrison, M. D.
 (Address) Buffalo Missouri

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.

MAR 22 1932

WHITE PLAIN, WITH CONTINUING NUMBER THIS IS A PERMANENT RECORD

