

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

Do not use this space.

26672

1. PLACE OF DEATH

58
1
7
County Linn
Township
City Brooxfield

Registration District No. 496
Primary Registration District No. 3025
(No. 548, E. Prairie)

File No.
Registered No. 70
St. 1 Ward)

2. FULL NAME

(a) Residence, No. John Medlin St. Ward. Keytesville, Mo
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) May-28-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 2 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putman Co 1 Mo

13. NAME John Medlin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doukno 2 Ill.

15. MAIDEN NAME Matilda Blackstater

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

17. INFORMANT Mrs. M. Straub (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL St. Louis Cemetery DATE Aug-6 1932

19. UNDERTAKER C. Wright (ADDRESS) Brooxfield

20. FILED 8-5 1932 B. E. Jackson Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-4 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1932

I last saw him alive on Aug 4 1932. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Chr. Valvular Heart Disease (As Decompensation) Date of onset Unknown 6-27-32

Other contributory causes of importance: 92A 95B 92A

Name of operation Churnal Date of 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) James W. ... M. D. (Address) Brooxfield, 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.

SEP 24 1932

