

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.

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

Do not use this space.

39085

1. PLACE OF DEATH

County Wagoner

Registration District No. 2862

Township Wagoner

Primary Registration District No. 5386

City Ray

(No. _____)

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. Ray

(Usual place of abode)

St. _____

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs.

mos. _____

ds. _____

How long in U. S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widower

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

Matilda Stacey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 14 1842

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

9

90

2

29

OCCUPATION

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)

near 20 yrs

11. Total time (years) spent in this occupation

lifetime

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

Pike Co Indiana

FATHER

13. NAME

John Dannerwood

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

3/8

MOTHER

15. MAIDEN NAME

Josephine White

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

Johnson County Mo

17. INFORMANT (ADDRESS)

Myrtle Hall Ray Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Johnson County DATE Dec 14 1932

19. UNDERTAKER (ADDRESS)

G. D. Hale

20. FILED 12-16

1932

G. D. Hale

Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

12-13

1932

22. I HEREBY CERTIFY, That I attended deceased from

Aug 10 1932 to Dec 13 1932

I last saw him alive on Dec 2 1932 Death is said

to have occurred on the date stated above, at 12:30 m.

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

Chronic interstitial nephritis Date of onset

131
92A
97/31
Other contributory causes of importance:
Chronic kidney condition
Arterio sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis _____ 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 _____ 1932

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) R. M. Normal

(Address) Ray Mo

M. D.

