

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.

AUG 26 1932

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

Do not use this space
39483-a

1. PLACE OF DEATH

County H. Meil
Township H. Meil
City (No)

Registration District No. 384
Primary Registration District No. 5538

File No. 20
Registered No. (No)
St. (No) Ward (No)

2. FULL NAME

(a) Residence. No. John St. Rebun Ward (No)

(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. (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora Bell, now deceased
Widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about year 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. about 43

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Common Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER John Rebun

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

14. INFORMANT W. M. Labor
(Address) Grandville, Mo.

15. FILED 12-18-32 ORA Heinrich
REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 17, 1932

17. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1932, to Dec. 17, 1932, that I last saw him, alive on Nov. 26, 1932, and that death occurred, on the date stated above, at 6.30 a.m.

THE CAUSE OF DEATH** WAS AS FOLLOWS:

Tuberculosis of Lungs
23A (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 7 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? (1)

DID AN OPERATION PRECEDE DEATH? No DATE OF (No)

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. R. Bingham, M. D.
, 19 (Address) West Plains 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 Langston Cemetery DATE OF BURIAL Dec. 18, 1932

20. UNDERTAKER Ed Wilson ADDRESS Brankill

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