

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.

JAN 9 1933

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

Do not use this space.

41257

1. PLACE OF DEATH
90 County Ray Registration District No. 746
Township Barrett Primary Registration District No. 573
City (No. City) Ward
2. FULL NAME John Howell Menefee
(a) Residence, No. St. Ward
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 2 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 21, 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 | 0 | 12

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

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME John R. Menefee

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

15. MAIDEN NAME Blara E. Martoni

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

17. INFORMANT (ADDRESS) John R. Menefee

18. BURIAL, CREMATION, OR REMOVAL. PLACE Wynestown Mo. DATE Dec 5, 1932

19. UNDERTAKER (ADDRESS) Norman White

20. FILED Dec 5, 1932 Lucy Bowles Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932, to Dec 3, 1932
I last saw him alive on Dec 2, 1932 Death is said to have occurred on the date stated above, at 5 p. m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset

Other contributory causes of importance: ①

Name of operation 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) J. P. O'Connell M. D.
(Address) Centerville Mo.

