

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

Do not use this space.

43023

1. PLACE OF DEATH

111 County Wayne Registration District No. 890
Township St. Francis Primary Registration District No. 4634
City (No. 6188) St. _____ Ward)

2. FULL NAME

Ray Madison Twidwell
(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bessie Twidwell</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>22</u>	<u>7</u>	<u>7</u>	<u>1</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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) <u>MO</u>				
FATHER	13. NAME <u>Benton Twidwell</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>			
MOTHER	15. MAIDEN NAME <u>Rhoda Lane</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>			
17. INFORMANT (ADDRESS) <u>Madison Twidwell</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Twidwell Cemetery</u> DATE <u>12-30</u>				
19. UNDERTAKER (ADDRESS) _____				
20. FILED <u>12-29</u> 19 <u>32</u> <u>W. T. Teupler</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1932, to Dec 28, 1932
I last saw him alive on Dec 28, 1932. Death is said to have occurred on the date stated above, at 8:50 P. M.
The principal cause of death and related causes of importance were as follows:
Influenza
11 B
1/18
Other contributory causes of importance: _____
Date of onset 12/20/32

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? no
If so, specify _____
(Signed) OTMY, M. D.
(Address) Jacksonville 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.

AN 27 1932

