

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

Do not use this space.

1. PLACE OF DEATH

County Barry

Registration District No. 30

Township Monett

Primary Registration District No. 3003

City Monett (No. _____)

St. _____ Ward _____

2. FULL NAME

(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 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 6 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 8 9

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

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) Monett Missouri

13. NAME George Edward Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co. Mo.

15. MAIDEN NAME Gladys Halland

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

17. INFORMANT Mrs Gladys Halland (ADDRESS) Monett Mo

18. BURIAL, CREMATION OR REMOVAL PLACE at Calvary DATE Jan 17 1933

19. UNDERTAKER Callaway (ADDRESS) Monett Mo

20. FILED 1-16-1933 W. M. West Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-15-1933

22. I HEREBY CERTIFY That I attended deceased from Jan 15 1933 to Jan 15 1933

I last saw him alive on Jan 15 1933 Death is said

to have occurred on the date stated above, at 9:30 p.m.

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

Laryngeal Diphtheria Date of onset Jan 14-33

Other contributory causes of importance: Influenza Jan 5-23

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) Ernest Mitchell, M. D.

(Address) Monett Mo

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.

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