

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

Do not use this space.

1. PLACE OF DEATH
 County Schuyler Registration District No. 805
 Township Lanadety Primary Registration District No. 4484
 City Lanadety (No. St. Ward)
 2. FULL NAME John Clifford Followell
 (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.

File No. 22008
 Registered No. 9

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) Feb 19-1931
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 3 23

OCCUPATION
 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.....

MOTHER FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glenwood Mo
 13. NAME Everett Followell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 15. MAIDEN NAME Edna Pickens
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Mrs Harvey Craig (ADDRESS) Lancaster Mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE 900 F. DATE June 13 1933
 19. UNDERTAKER John A Roberts (ADDRESS) Lancaster Mo
 20. FILED June 13, 1933 A. A. Justice Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12 1933
 22. I HEREBY CERTIFY, That I attended deceased from June 12 1933 to June 12 1933
 I last saw him alive on June 12 1933 Death is said to have occurred on the date stated above, at 3:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Lewis Eye Poisoning
a large quantity of eye solution taken internally
affecting stomach, lungs & attached and larynx
 Date of onset July 12 1933
 Other contributory causes of importance:
swelling of the larynx causing asphyxiation
 Date of onset 4/1

Name of operation none Date of operation
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury July 12 1933
 Where did injury occur? at home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. at home
 Manner of injury eye poisoning
 Nature of injury eye poisoning

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) E. E. Helmer, M. D.
 (Address) Lancaster, Mo

WRITE PLAINLY, WITH UNFADING INK. 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. JUL 26 1933

