

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.

MAY 20 1933

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

Do not use this space.

**PLACE OF DEATH**

County Wray  
Township Washington  
City Wards (No. ....)

Registration District No. 875  
Primary Registration District No. 616.2

**25437**

File No. ....  
Registered No. 169 Ward) .....

**2. FULL NAME** David H. Real  
(a) Residence, No. State Hospital # 3 St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred 1 yrs. 3 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</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>Mrs Stella Real</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>D. H. 1866</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>—</u>
	DAYS <u>—</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</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>Indiana</u>		
FATHER	13. NAME <u>Henry Real</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
MOTHER	15. MAIDEN NAME <u>Martha Weatheris</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Stella Real Harrisonville Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Joseph's Cemetery</u> DATE <u>7-29-33</u>		
19. UNDERTAKER (ADDRESS) <u>John E. Myers New add. Mo.</u>		
20. FILED <u>8-5</u> , 19 <u>33</u> <u>E. R. King</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 11, 1932 to July 24, 1933  
I last saw him alive on July 22, 1933 Death is said to have occurred on the date stated above at 7:00 AM  
The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis ?  
9:30  
9:30  
arteriosclerosis

Other contributory causes of importance:  
arteriosclerosis

Name of operation ..... Date of .....  
What test confirmed diagnosis Microsc. Was there an autopsy? No.

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 Larynx L. Cooper, M. D.  
(Signed) Wards Mo.  
(Address)

Ridgway, Mo.

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