

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

32622

1. PLACE OF DEATH

30 County Wallas
Township Jasper
City (No.)

Registration District No. 2448
Primary Registration District No. 2448

File No.
Registered No. 880
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. — mos. — 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

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8, 1889

I last saw him alive on death on arrival 1933. Death is said to have occurred on the date stated above, at 11:20 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 44 0 10

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

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

Pulmonary Tuberculosis Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

231
230 73

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance:
Pulmonary Hemorrhage

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wet. Mo.

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

13. NAME John A. DeThrow

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

15. MAIDEN NAME Sarah Finson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Mrs. Myrtle DeThrow (ADDRESS) 714 W. 10th, W. Va.

18. BURIAL, CREMATION, OR REMOVAL PLACE McGinnis Cemetery DATE Oct. 17, 1933

19. UNDERTAKER Hobman and Stewart (ADDRESS) Libanon, Mo.

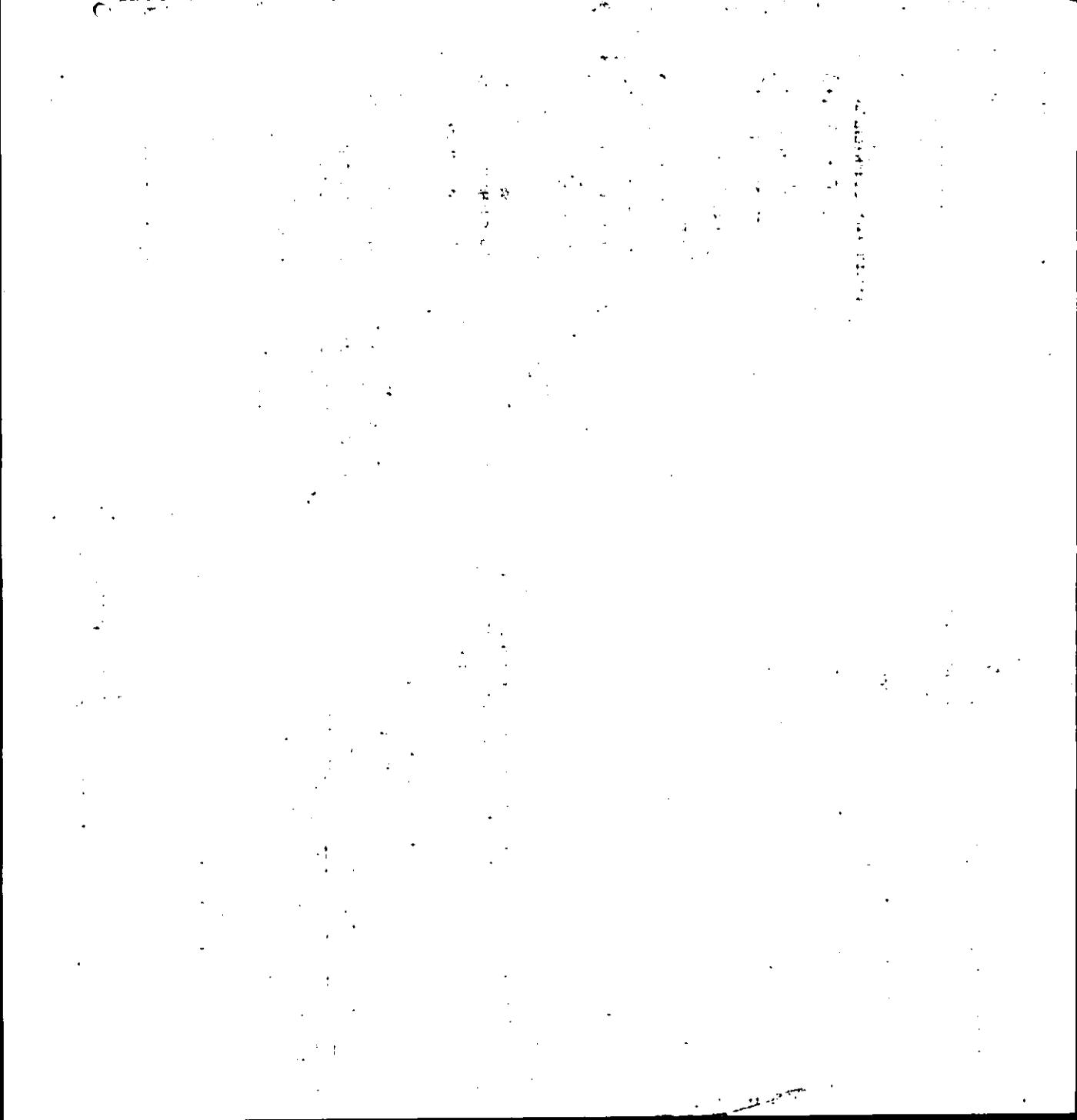
20. FILED Oct 18, 1933 Harvey Moore Registrar.

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) N. A. Hamilton, M. D.
(Address) Libanon, Mo.

NOV 19 1933



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Wallas Registration District No. 244 File No. 7 244
 Township Jasper Primary Registration District No. 5358 Registered No. 2447
 City (No.) St. Ward

2. FULL NAME

Paul Andrew
 (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) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5 - 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 - 10

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 10-18 1933 W. H. P. V. and C. Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from to , 19

I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at m.

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

Pulmonary Tuberculosis Date of onset
 Other contributory causes of importance:

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) , M. D.
 (Address)

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AND PRESCRIBED BY LAW.

5-32622