

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

Do not use this space.

35401

1. PLACE OF DEATH

County Sullivan
Township 5
City Milan (No.)

Registration District No. 862
Primary Registration District No. 4518

File No.
Registered 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 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widow (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12, 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 2 13

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) Rockbridge Co. Virginia

13. NAME Alexander S. Doak

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Augusta Co. Va.

15. MAIDEN NAME Ann H. Porter

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

17. INFORMANT Chas. M. Doak (ADDRESS) Milan, Mo.

18. BURIAL, CREMATION, OR REMOVAL Oakwood Cem Milan DATE Oct 26 1933

19. UNDERTAKER C. A. Schoene (ADDRESS) Milan, Mo.

20. FILED Nov 1 1933 Mayne V. V. V. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25 1933

22. I HEREBY CERTIFY, That I attended deceased from was called, but arrived a few minutes after death, 19..... Death is said to have occurred on the date stated above, at 12:00 m.

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

From history I think it must have been a coronary occlusion.

Date of onset the 25 1933

Other contributory causes of importance: History of previous attacks.

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) J. S. Montgomery, M. D. (Address) Milan, 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.

REC-4-1933

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