

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

Do not use this space.

37339

1. PLACE OF DEATH

County Newton
Township Newton
City Neosho

Registration District No. 615
Primary Registration District No. 5817

File No. 19
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. Neosho Mo R #1 St. _____ Ward. _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 3, 1883
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 10 18

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

MOTHER FATHER 13. NAME Charley Nolan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

MOTHER 15. MAIDEN NAME Matilda Turrentine
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT Mrs. Sophia Nolan
(ADDRESS) Neosho Mo R #1

18. BURIAL, CREMATION OR REMOVAL PLACE Crestside Cemetery DATE Nov 24 1933

19. UNDERTAKER Edley Thompson
(ADDRESS) Neosho Mo.

20. FILE NO. Nov 20 1933 U.S. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10 1933, to Nov. 21 1933
I last saw him alive on Nov. 21 1933. Death is said to have occurred on the date stated above, at 9 P.m.

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

Pulmonary Tuberculosis Date of onset 1932

Other contributory causes of importance: _____

Name of operation None Date of _____
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? No 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) R.T. Chatham, M. D.
(Address) Dranard 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.

JAN 2 1934

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