

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

Do not use this space.

112

1. PLACE OF DEATH

County Water Registration District No. 53
Township Lawson Primary Registration District No. 508
City Rich Hill (No. _____ St. _____ Ward _____)

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME

James William Mendenhall
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1934

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

I HEREBY CERTIFY That I attended deceased from Jan 11th 3rd to Jan 16 3rd
I last saw him alive on Jan 16 3rd Death is said to have occurred on the date stated above, at 11:45 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1933-1-6

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 0 6 _____

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

Broncho pneumonia Date of onset _____

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 _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

13. NAME James Stockley

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

15. MAIDEN NAME Paula Knoss

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rich Hill mo

17. INFORMANT (ADDRESS) James Stockley
Rich Hill mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE 1-18 34

19. UNDERTAKER (ADDRESS) Booth & Boughman
Rich Hill mo

20. FILED Jan 18 1934 James J. [unclear]

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 _____

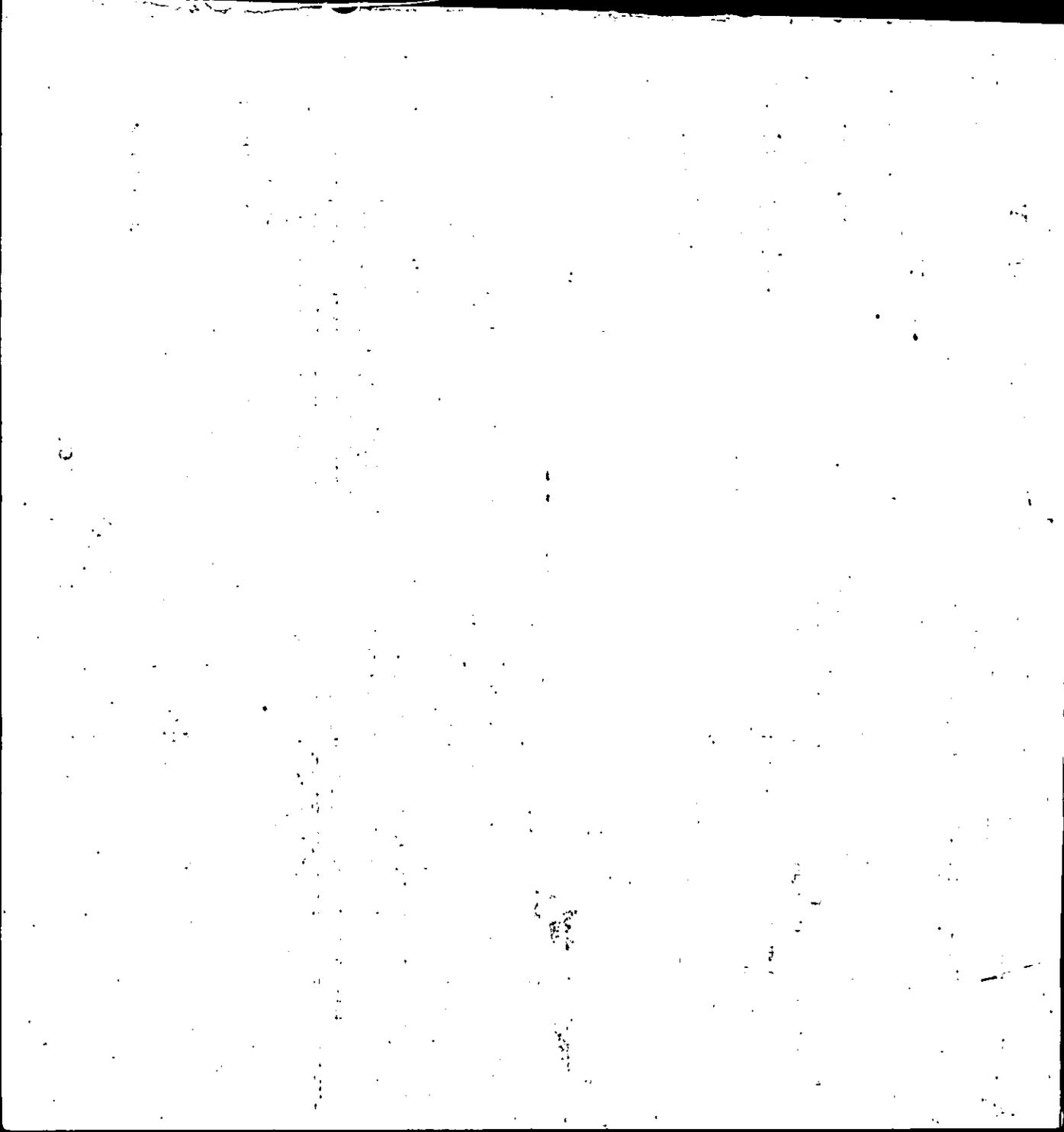
24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) D. S. [unclear] _____, M. D.

(Address) Bevier mo.

This certificate is property of Missouri State Board of Health. Exact statement of cause of death is very important.



#2

DEPARTMENT OF COMMERCE

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

BUREAU OF THE CENSUS

Bates

WASHINGTON

112

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: James Wm. Mendenhall
Who died at _____ on Jan 16 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 1 Months 0 Days 6

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month 10 Year 1934

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Broncho pneumonia

Other contributory causes of importance none

Name of operation none Date of _____

What test confirmed diagnosis? Clin Lab. Was there an autopsy? no

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 _____

Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

Name of physician L. J. de la Hara

Address of physician Better mo.

Signature of Registrar James Green

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 53 Very truly yours,

Primary Reg. Dist. No. 5083

E. T. McGaugh, M.D.
Special Agent.

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REPUBLICAN PARTY

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