

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

Do not use this space.

586

1. PLACE OF DEATH

County Bole

Registration District No. 213

Township

Primary Registration District No. 3014

City Jefferson (No. 428121)

File No. 19

Registered No.

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Mo State Prison St. _____ Ward _____

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

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

June 9, 1910

7. AGE

YEARS 23

MONTHS 7

DAYS 9

IF LESS than 1 day,hrs. ormin.

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

Laborer

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)

Bole, Mo.

13. NAME

Wm. G. Duncan

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

Vienna, Mo.

15. MAIDEN NAME

Eliz. McDaniel

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

Osage Co., Mo.

17. INFORMANT (ADDRESS)

Wm. G. Duncan

18. BURIAL, CREMATION, OR REMOVAL

PLACE Vienna, Mo. DATE Jan. 20, 1934

19. UNDERTAKER (ADDRESS)

Richards

20. FILED

1/24/34 207 Bedford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 13, 1934, to January 18, 1934

I last saw him alive on January 18, 1934 Death is said to have occurred on the date stated above, at 12:10 A.M.

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

Gobar Pneumonia

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) W. A. Rambo M. D.

(Address) Jefferson City, Mo.

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.

1934

26
33
8

23

