

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

Do not use this space.

826

1. PLACE OF DEATH

County Allen

Registration District No. 318

File No. _____

Township _____

Primary Registration District No. 2001

Registered No. 62

City Springfield, Mo.

(No. Baptist Hospital St. _____ Ward)

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

Howell's, Mo. St. _____

Ward _____

(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

Male

4. COLOR OR RACE

W

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

married

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

Paula Traw

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

unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

55

OCCUPATION

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)

Camden County, Mo.

MOTHER FATHER

13. NAME

J. S. Traw

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

Kentucky

15. MAIDEN NAME

Penelope Hudson

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

Camden County, Mo.

17. INFORMANT (ADDRESS)

Virgil Evans
Mountland

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mountland DATE 1-22, 1934

19. UNDERTAKER (ADDRESS)

Virgil Evans
Mountland, Mo.

20. FILED

1-22, 1934 Ralph Langston
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Jan 17, 1934, to _____, 19____

I last saw him alive on Jan 21, 1934. Death is said

to have occurred on the date stated above, at 3:25 P.m.

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

Date of onset

Phosphorus Poisoning 1/12/34
16:30
12

Other contributory causes of importance:

Acute Hepatitis -
Secondary to above

Name of operation No Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide 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) Guy D. Callaway, M. D.

(Address) Springfield, Mo.

WHITE 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.

FEB 27 1934

