

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

Do not use this space.

FEB 24 1934

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1. PLACE OF DEATH

County St. Francois Registration District No. 774
 Township St. Francois Primary Registration District No. 4465
 City Flat River, Mo. St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

(a) Residence, No. Sampson House Ward _____
 (Usual place of abode) Flat River, Mo. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Cordelia House
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6th 1881
 7. AGE YEARS 52 MONTHS 11 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, by spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as mill, saw mill, bank, etc. Laborer
 10. Date deceased last worked at this occupation (month and year) 2-29-34
 11. Total time (years) spent in this occupation 32

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

MOTHER FATHER
 13. NAME Geo. House

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

15. MAIDEN NAME Cordelia Wishon

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

17. INFORMANT Duey Kennedy (ADDRESS) Flat River, Mo.

18. BURIAL, CREMATION, OR REMOVAL Hibson Cemetery DATE 2-13 34

19. UNDERTAKER Baldwell Bros (ADDRESS) Flat River, Mo.

20. FILED 2-13 1934 B. B. Tanner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1934 to Feb 11 1934

I last saw him alive on Feb 11 1934. Death is said to have occurred on the date stated above, at _____ m.

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

apoplexy
100
93
 Other contributory causes of importance: pneumonia 7/8/34
 Date of onset 7/11/34

Name of operation _____ Date of _____
 What test confirmed diagnosis: Physical Was there an autopsy? no

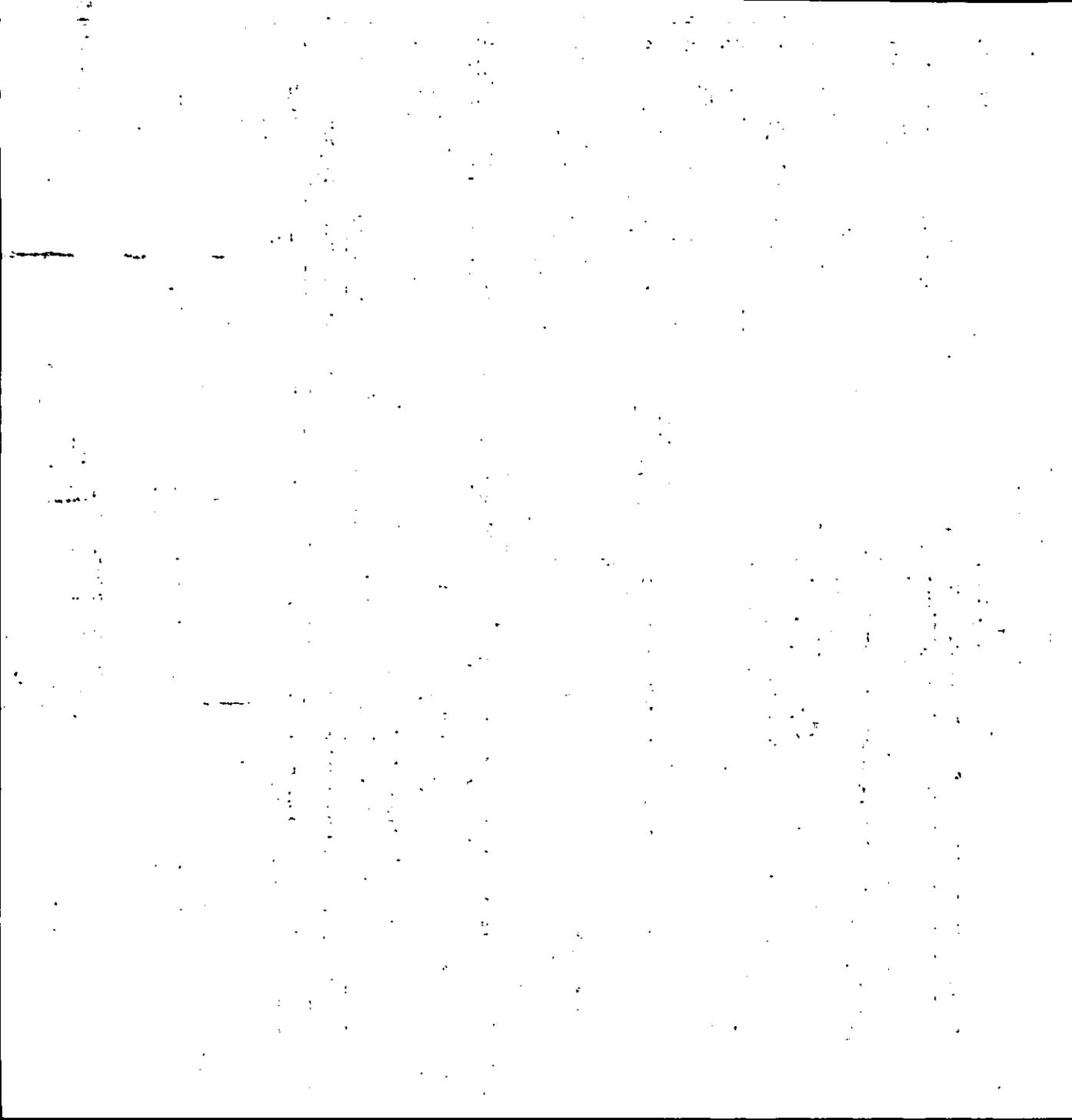
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)

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. J. Tanner, M.D.
 (Address) Flat River, Mo.



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County St. Francois Registration District No. 774
 Township 1st River Primary Registration District No. 4565
 City Jackson House (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
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) _____				
MOTHER FATHER	13. NAME _____			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____			
	15. MAIDEN NAME _____			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____				
17. INFORMANT (ADDRESS) _____				
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____				
19. UNDERTAKER (ADDRESS) _____				
20. FILED _____ 19 _____ <u>B. Barrar</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19 _____
 I last saw h. _____ alive on _____, 19 _____ Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
apoplexy Date of onset _____
 Other contributory causes of importance:
pneumonia
lobar

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) _____, M. D.
 _____ (Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 Every item of information should be carefully supplied. AGE SHOULD BE STATED EXACTLY. PHYSICIAN'S SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

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