

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

Do not use this space.

7521

FEB 27 1934

**1. PLACE OF DEATH**

County Linn Registration District No. 862  
 Township Burdens Primary Registration District No. 6135  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 30

**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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W.

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

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

7. AGE YEARS 91 MONTHS 9 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Roadley England  
 (STATE OR COUNTRY)

13. NAME Van Anderson

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

15. MAIDEN NAME Jane Hall

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

17. INFORMANT Lee Johnson  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Forest DATE Feb 15 1934

19. UNDERTAKER A. Richardson  
 (ADDRESS) Cabool

20. FILED Feb 7, 1934 M. C. Cunningham  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 1934

22. I HEREBY CERTIFY, That I attended deceased from 13 Feb 1934 to Feb 7 1934

I last saw him alive on Feb 6 1934 Death is said to have occurred on the date stated above, at 8 A. M.

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

Pressure on  
100

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) P. Ravatus, M. D.

(Address) Cabool

N.B.—Every item printed hereon should be carefully supplied. AGE should be in plain terms, so that it may be properly classified. Exact dates of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact dates of

CORRECTION

CAUSE OF DEATH

Very recently applied  
the former

C. N. RAY

FATHER

OCCUPATION

35.811

10

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Texas  
Township Burdess  
City                      (No.                     )

Registration District No. 862  
Primary Registration District No. 6135

File No.                       
Registered No.                       
St.                      Ward                     

**2. FULL NAME**

(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**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1842

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.                     

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                     

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)                     

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                      Mrs. Clois Cunningham Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7, 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                      specified above, at                      m.

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

Pneumonia (Date of onset                     )

Labar

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)                     , M. D.

                     (Address)                     

**SUPPLEMENTARY**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. REGISTRARS SHOULD STATE THE PLACE OF DEATH IN PLAIN TERMS.

5-7521