

1 MAR 24 1934

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

Do not use this space.

7561

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1. PLACE OF DEATH

County Niangua
Township Sheldon
City Sheldon Mo (No. _____)

Registration District No. 878
Primary Registration District No. 4531

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

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) Sheldon Mo

Length of residence in city or town where death occurred 6 yrs 8 mos. ds. How long in U.S., if of foreign birth? No 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3 - 1897

7. AGE 37 YEARS 8 MONTHS 3 DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk
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) New Paris Ohio

13. NAME Edgar Nowley

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

15. MAIDEN NAME Bora Elliott

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

17. INFORMANT Doc Gamble
(ADDRESS) Sheldon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE 4007 Golden Gate DATE Feb 8 1934

19. UNDERTAKER G B Behmy Horn
(ADDRESS) _____

20. FILED Feb-8 1934 Kate Willhite
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1934, to Feb 6 1934

I last saw him alive on Feb 6 1934. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Burn from lamp explosion
181
Date of onset 9-11

Other contributory causes of importance: _____

Name of operation none Date of _____

What test confirmed diagnosis? examined Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury Feb 5, 1934

Where did injury occur? at his home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in home

Manner of injury explosion of lamp

Nature of injury Burn

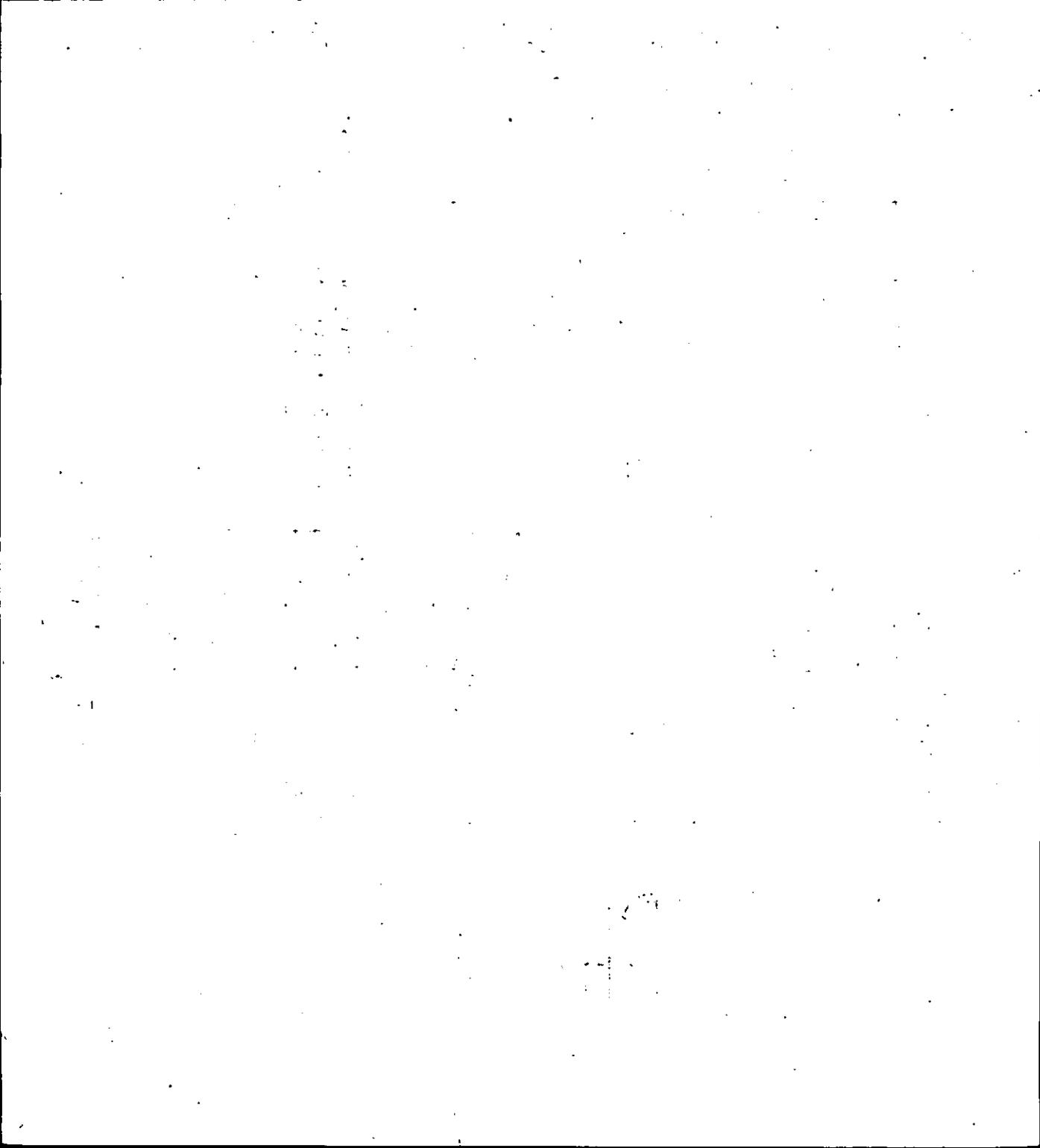
24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Arthur G. Alden, M. D.

(Address) Sheldon 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.



#2 *Vernon.*

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

75-61

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

WASHINGTON

18

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: John Verel Hawley

Who died at _____ on Feb - 6 - 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 Wht. Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 37 Months 8 Days 3

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 18 Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Burns from lamp for physician these burns were received in his own home - lamp exploded in his hands as he threw it out of the door of his own home.

Other contributory causes of importance his own home

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

Name of physician _____

Address of physician _____

(Signature of Registrar) Kate Wilhite Date filed _____

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. 878 Very truly yours,

Primary Reg. Dist. No. 4531

E. T. McGaugh, MD
Special Agent.

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12