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

Do not use this space.

1. PLACE OF DEATH
County: Christian — Registration District No.: 181 — File No.: 8237
Township: Polk — Primary Registration District No.: 5251 — Registered No.:
City: (No. , St. Ward)

2. FULL NAME: JOHN BRANTLY MEDLIN
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept-26-1853

7. AGE: YEARS 80 — MONTHS 6 — DAYS 4 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 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) (STATE OR COUNTRY): Tenn.

FATHER
13. NAME: Medlin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Clyde Medlin, Billings Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Rose Hill Cem — DATE: Apr-2-1934

19. UNDERTAKER (ADDRESS): A. S. Wallace, Billings, Mo.

20. FILED: Apr. 10 1934 H. H. Brown, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar-30-1934

22. I HEREBY CERTIFY, That I attended deceased from Mar-24, 1934 to Mar-30, 1934
I last saw him alive on Mar-30, 1934 Death is said to have occurred on the date stated above, at 3 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
PNEUMONIA	
LOBAR	Mar. 24
10d	

Other contributory causes of importance:

Name of operation: 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? 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) F. H. BROWN, M. D.
(Address) Billings, 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.