

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

Do not use this space.

8271

1. PLACE OF DEATH

County Clay
Township Freshwater
City Excelsior Spgs (No.)

Registration District No. 198
Primary Registration District No. 3011

File No. 27
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. 13411 Santerium St., Ward Garden Grove, Ia.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 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) —

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1918

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
15 8 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. In School
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) Garden Grove Iowa

MOTHER 13. NAME Guy E Skinner

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

15. MAIDEN NAME Jena Ruth McChary

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Garden Grove Iowa

17. INFORMANT Guy E Skinner (ADDRESS) Garden Grove Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Garden Grove Iowa DATE Mar. 30, 1934

19. UNDERTAKER John C. Prasher (ADDRESS) Excelsior Spgs

20. FILED 3-28-34 19 Mrs. Rae M. Crasden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1934, to March 29, 1934.

I last saw him alive on March 29, 1934. Death is said to have occurred on the date stated above, at 10:30 P.M.

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

Pneumonia, Mixed
Secondary Anemia, Chronic
Nephritis,

Other contributory causes of importance: 131

Name of operation — Date of —

What test confirmed diagnosis? clinical 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) W. H. Gumbard, M.D.
(Address) Excelsior Spgs

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.

