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.

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County ~~[illegible]~~ Cooper — Registration District No. 218 — File No. 4912324

Township — Primary Registration District No. 3015 — Registered No.

City Boonville. (No. , St. Ward)

2. FULL NAME John Grant Innes.

(a) Residence, No. St Joseph Hospital St., Ward. (If nonresident, give city or town and State)
(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.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/28/1869

7. AGE 64 YEARS — MONTHS 9 — DAYS 8 — 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) Scotland.

FATHER

13. NAME John Innes.

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

MOTHER

15. MAIDEN NAME Grace Grant.

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

17. INFORMANT (ADDRESS) Ollie T. Innes. Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL. PLACE Walnut Ridge, DATE 4/8/1934, 19

19. UNDERTAKER (ADDRESS) Guy T. Halley. Fayette, Mo.

20. FILED 4/6, 1934 W W Bozworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/6/1934, 19

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1934, to Apr. 6, 1934

I last saw him alive on Apr 5, 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:

Streptococcic affection of throat. 115A

Date of onset 26 Mar.

Other contributory causes of importance:

none

Name of operation none Date of

What test confirmed diagnosis? Lab. find. 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. C. Richards, M. D.

(Address) Fayette Mo.