

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.

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Gentry Registration District No. 310 File No. 12501  
Township \_\_\_\_\_ Primary Registration District No. 54292 Registered No. 98  
City Darlington (No. 11) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Harriet Wayman

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6-1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
58 1 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. millner

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) Gentry Co. Mo.

13. NAME Asa Wayman

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

15. MAIDEN NAME Nancy Carlack

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co. Mo.

17. INFORMANT (ADDRESS) Ray M. Gump  
Darlington Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brick Church DATE April 8, 1934

19. UNDERTAKER (ADDRESS) A. J. Bone  
Libany Mo.

20. FILED \_\_\_\_\_ 19. Mattie Woods Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 2nd 1934 to April 7 1934.

I last saw her alive on April 6th 1934 Death is said

to have occurred on the date stated above, at 10 A. m.

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

Acute Broncho Pneumonia Date of onset April 4th

IIA  
107A

Other contributory causes of importance:

Acute Influenza dyn + pruv

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 \_\_\_\_\_

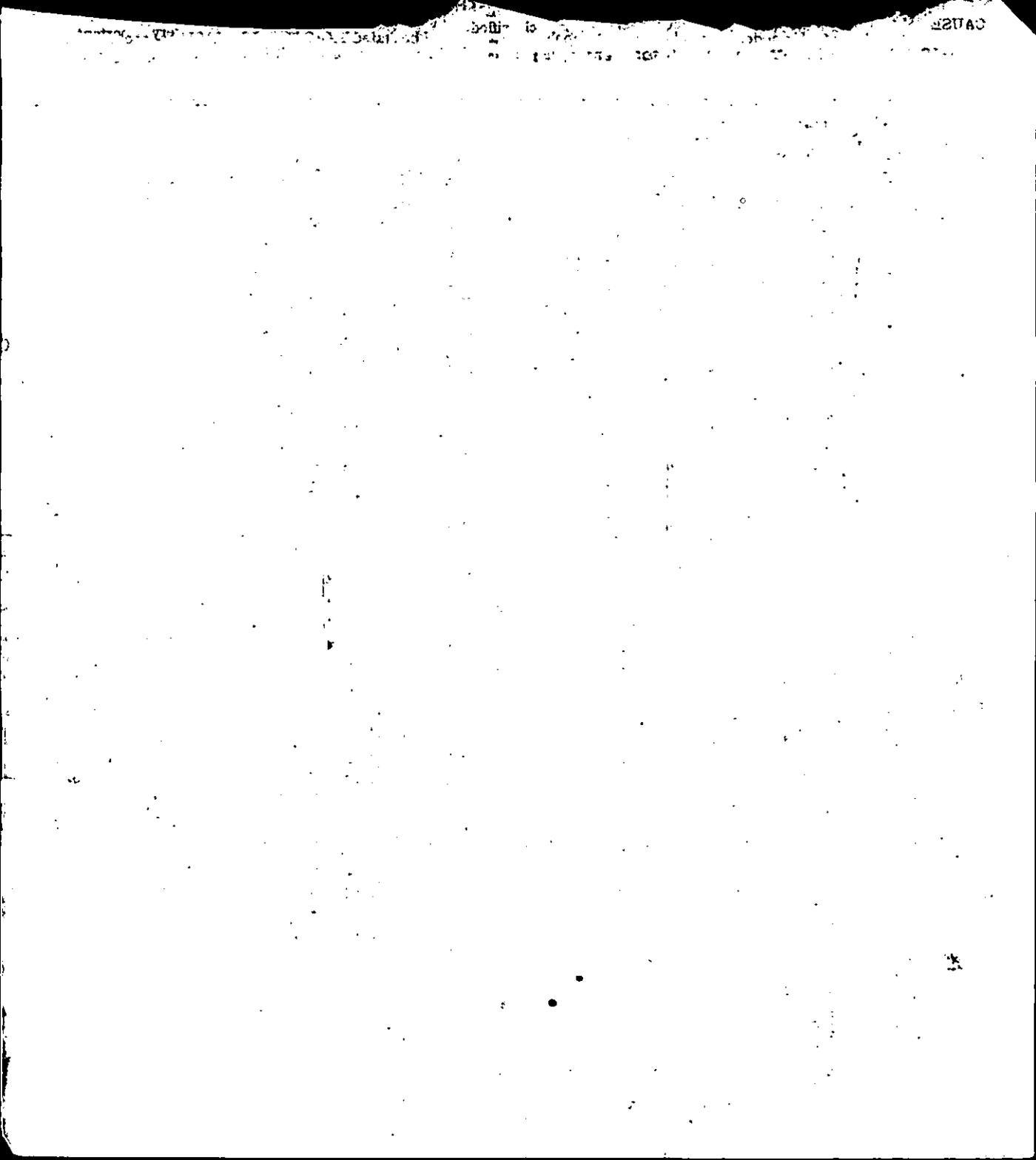
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) W. S. Campbell, M. D.

(Address) Libany Mo.



**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 Jenney

Registration District No. 310

Township Darlington

Primary Registration District No. 4186

City Darlington (No. ....)

File No. ....  
Registered No. 98 .....  
St. .... Ward (.....)

**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 F 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)

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
58 1 1

OCCUPATION

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

12. 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, CRÉMATION, OR REMOVAL

PLACE Grand View DATE .....

19. UNDERTAKER (ADDRESS)

20. FILED April 8 1924 Mattie David Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 7 1924

22. I HEREBY CERTIFY, That I attended deceased from ..... to .....

I last saw h. .... alive on ..... 19..... Death is said to have occurred on the ..... above, at ..... m.

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

Other contributory causes of importance:  
Date of onset

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**

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. CAUSE OF DEATH should be classified. Explain fully. This is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-14.301