

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

Do not use this space.

1. PLACE OF DEATH
 County Stoddard Registration District No. 837 ✓
 Township Ballou Primary Registration District No. 6999
 City Leo, Mo. (No. _____) St. _____ Ward _____

File No. 19211
 Registered No. _____

2. FULL NAME Henry H. David
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Not known</u>		
7. AGE	YEARS	MONTHS
<u>Not known</u>		
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.
<u>died in county</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1934
 22. ~~HEREBY~~ CERTIFY, That I attended deceased from March 33, 1933, to May 29, 1934.
 I last saw him alive on May 27, 1934. Death is said to have occurred on the date stated above, at 11 a. m.
 The principal cause of death and related causes of importance were as follows:

Also colitis - Prostatitis
1937
 Other contributory causes of importance Injury
84

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Fennestee</u>
13. NAME	<u>James Mc David</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Fennestee</u>
15. MAIDEN NAME	<u>Not known</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Not known</u>
17. INFORMANT (ADDRESS)	<u>John H. Richardson Bloomfield Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE	<u>Bloomfield 5-30-34</u>
19. UNDERTAKER (ADDRESS)	<u>Boyle's Undertaking Co. Bloomfield Mo.</u>
20. FILED	<u>June 24 1934</u> <u>Edie Ford</u> Registrar.

Name of operation None 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) John A. Wilson, M. D.
 (Address) Bloomfield, Mo.

JUN 27 1934

Handwritten scribbles and marks in the top left corner.

Vertical text on the left side, possibly a page number or reference code.

Small handwritten mark or symbol.

Small handwritten mark or symbol on the right side.

**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 Stoddard

Registration District No. 837

File No.

Township

Primary Registration District No. 6099

Registered No.

City

(No. County Home)

St. Ward)

2. FULL NAME

Henry Medford

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED w (write the word)

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

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

7. AGE YEARS 59 MONTHS DAYS If LESS than 1 day, hrs. or min.

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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.

19. UNDERTAKER (ADDRESS)

20. FILED 19. Edou Ford Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

19... to 19... I last saw h. alive on 19... Death is said to have occurred on the date stated 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) Robert W. Wilson, M. D.

(Address) St. Louis, Mo.

SUPPLEMENTARY

11261-5