

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

Do not use this space.

19322 #
~~19318~~

1. PLACE OF DEATH

County North
Township Shelby
City Franklin

Registration District No. 1057
Primary Registration District No. 6214

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred life 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 1 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8, 1933
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 23

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) Franklin Mo.

FATHER
13. NAME Arthur Goland

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

MOTHER
15. MAIDEN NAME Dora Kathig

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

17. INFORMANT (ADDRESS) Arthur Goland Franklin Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salisbury DATE 6/2 1934

19. UNDERTAKER (ADDRESS) Arch C. Dimpfel Franklin Mo.

20. FILED June 12 1934 Wm O. H. Bond Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1934
22. I HEREBY CERTIFY, That I attended deceased from May 30 1934 to May 31 1934.
I last saw him alive on May 31 1934. Death is said to have occurred on the date stated above, at Franklin Mo.
The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia Date of onset 6-27-34

Other contributory causes of importance 1070

Name of operation Phys. ex. Date of 6/2/34
What test confirmed diagnosis Phys. ex. 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 ✓ 1934

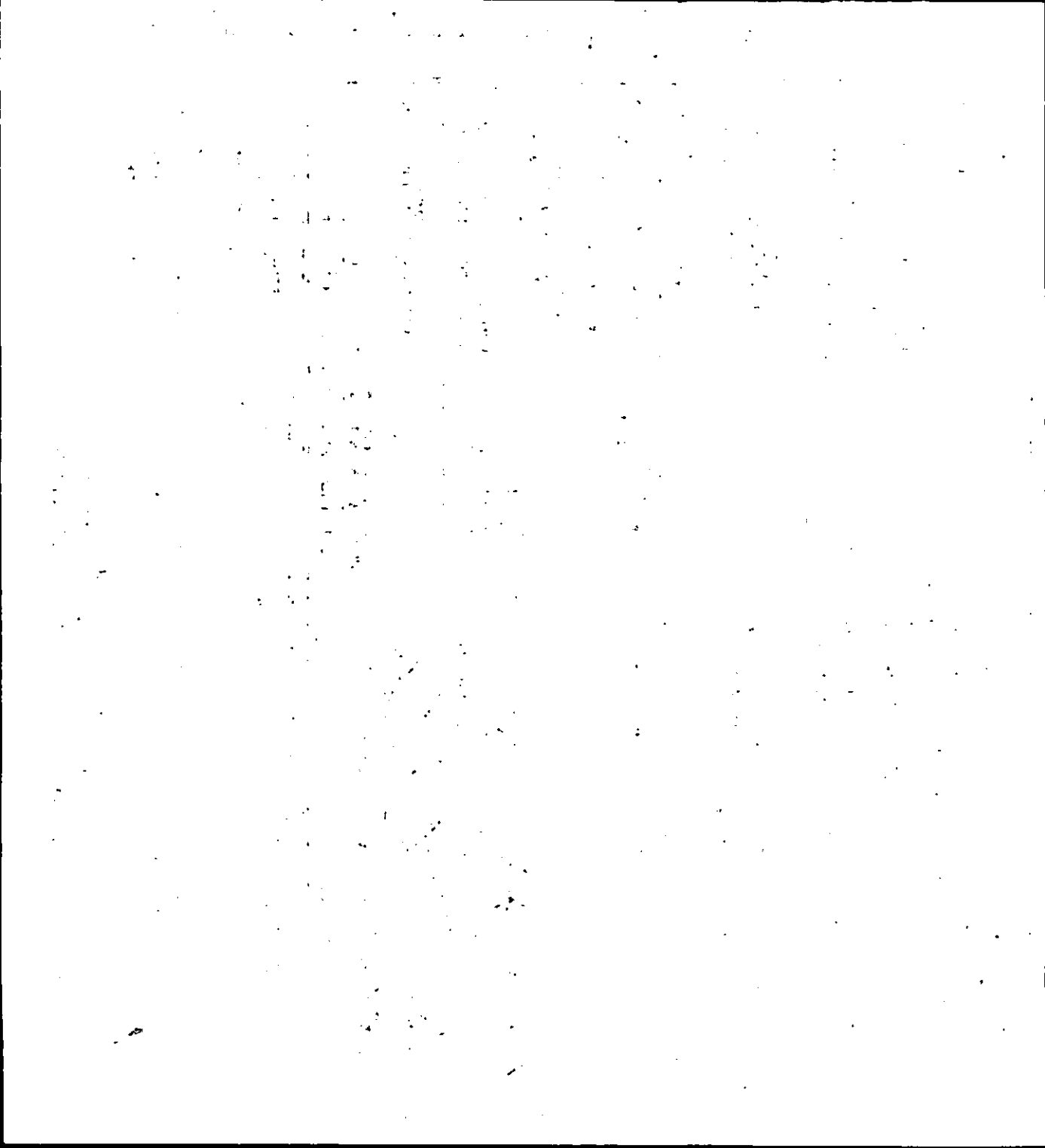
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify ✓

(Signed) Wm O. H. Bond, M. D.
(Address) Franklin 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.



#2

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

19322

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Mary Joan Taland
Who died at Parrell Missouri on May 31 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months 6 Days 23
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth Nov. 8 1933 Age: Years 0 Months 6 Days 23

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) Missouri

Birthplace of mother (State or country) Missouri

Principal cause of death: Bronchial pneumonia ✓

There was no measles whooping cough it was just ✓

Other contributory causes of importance: Bronchial pneumonia ✓

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician P. J. Ross

Address of physician Jefferson City Missouri

Signature of Registrar Mrs. O. H. Bond

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 1057

Primary Reg. Dist. No. 6214

E. T. McGaugh M.D.

E.C.

Special Agent.

5-1938-A