

WHITE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD

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.

JUL 16 1934

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

Do not use this space.

1. PLACE OF DEATH

County Livingston Registration District No. 508 File No. 21081
 Township Chillicothe Primary Registration District No. 3026 Registered No. 86
 City Chillicothe (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 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Milkie Wolfscale
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNKNOWN
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. About 80
 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. Missionary
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1934
 22. I HEREBY CERTIFY That I attended deceased from Did not attend to deceased, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:40 p.m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis Date of onset 1933
93B
 Other contributory causes of importance: None
 Name of operation _____ Date of _____
 What test confirmed diagnosis? History of heart 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? No
 If so, specify _____
 (Signed) A. Callier, Coroner Livingston Co. M. D.
 (Address) Chillicothe Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 MOTHER 13. NAME Dennis Wolfscale
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 17. INFORMANT Brad Shields
 (ADDRESS) Chillicothe, Mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mo. Cemetery DATE June 21, 1934
 19. UNDERTAKER W. Ambrose
 (ADDRESS) Chillicothe, Mo
 20. FILED JUN 20 1934 W. A. Dault
 Registrar.

91-31

