

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

Do not use this space.

25494

1. PLACE OF DEATH

County Manon Registration District No. 547 File No. _____
 Township Manon Primary Registration District No. 3979 Registered No. 221
 City Hannibal (No. St. Elizabeth Hospital) St. _____ Ward _____

2. FULL NAME

John Edward Catlett
 (a) Residence No. Mt. Oliver Heights 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 11 23

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union Atlas Cement Co

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) Hannibal Mo

13. NAME John E. Catlett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moundsville West Virginia

15. MAIDEN NAME Hannah Glasgow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linton, Ohio

17. INFORMANT Geo. E. Catlett
 (ADDRESS) Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverside Cemetery July 26-1934

19. UNDERTAKER Ray P. Schmitt
 (ADDRESS) Hannibal Mo.

20. FILED July 27 1934 R. N. Sobalos
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24-1934

22. I HEREBY CERTIFY, That I attended deceased from July 24 1934, to July 24 1934

I last saw him alive on July 24 1934 Death is said

to have occurred on the date stated above, at 9:15 P. m.

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

Heat-stroke Date of onset _____

Other contributory causes of importance MI

23. 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? no

If so, specify _____

(Signed) R. N. Sobalos, M. D.

(Address) Hannibal Mo.

WRITE 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.

AUG 29 1934

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