

SEP 24 1934

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

Do not use this space.

28598

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No.)

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFDeceased
Doris Wood name

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

Oct 3, 1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day,hrs.
ormin.

68

10

1

OCCUPATION

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

Farmer

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)

Williamson Co. Illinois

13. NAME

Sam Kinney

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

not known

15. MAIDEN NAME

America Byrd

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

not known

17. INFORMANT
(ADDRESS)Richard J. Shook
Elsmore, Mo. P.F.A. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Walden 8-7-34

19. UNDERTAKER
(ADDRESS)Frank Wood Co
Napoleon Mo

20. FILED

8/15/34 1934 Alexander Jones, Registrar

MEDICAL CERTIFICATE OF DEATH

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

Aug 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from
5 and 4, 1934, to Aug 4, 1934I last saw him alive on July 29, 1934. Death is said
to have occurred on the date stated above, at 6:30 P. m.

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

Myocarditis

Date of onset

Mar.
1929

Other contributory causes of importance:

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).....

(Address).....

L. B. Sheets
Elsmore Mo.

, M. D.

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.

