

SEP 12 1934

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

Do not use this space.

28784

1. PLACE OF DEATH

County Copier Registration District No. 223
Township Pleasant Brook Primary Registration District No. 4134
City Pleasant Green, Mo. St. _____ Ward _____

File No. _____
Registered No. 28784

2. FULL NAME

Henry Clay Daniel
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 46 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-18-1857

7. AGE YEARS 77 MONTHS 5 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

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) Jan 10 - 1924 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Missouri

13. NAME John R. Daniel

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

15. MAIDEN NAME Harriet Gogale

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

17. INFORMANT (ADDRESS) Mrs. Clay Daniel Pleasant Green, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wesley Chapel Burial DATE 9/2/34

19. UNDERTAKER (ADDRESS) Wm. Speckle Pilot Grove, Mo.

20. FILED 9/12 19 34 H. B. Risher Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-31-1934

22. I HEREBY CERTIFY, That I attended deceased from August 12, 1934, to August 31, 1934
I last saw him alive on August 12, 1934. Death is said to have occurred on the date stated above, at 4 P.M.

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

Carcinoma (Possibly Stomach) metastasis to Liver
AGE 46

Other contributory causes of importance: 46

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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) gogale, M. D.
(Address) Pilot Grove, 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.

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