

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

NOV 13 1934

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

Do not use this space.

37411

1. PLACE OF DEATH

County.....
Township.....
City.....
10874

Registration District No. 791
Primary Registration District No. 1003
City.....
Ward.....

File No.....
Registered No. 9827
St..... Ward.....

2. FULL NAME

(a) Residence, No. 3918
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Virginia Elizabeth*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 3 - 1910*

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-----------|-----------|----------|----------------------------------|
| | <i>23</i> | <i>10</i> | <i>5</i> | |

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

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) *Panama*

13. NAME *Doris Freeman*

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

15. MAIDEN NAME *Sarah Southorne*

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

17. INFORMANT *Harold Jay McKeen*
(ADDRESS) *City, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Forest O. Park. Chgo. Ill.*

19. UNDERTAKER *A. W. McLaughlin*
(ADDRESS) *2312 E. Fayette*

20. FILED *1161* *10034*
J. F. Brudeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 8, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *9/27*, 19*34*, to *10-8*, 19*34*

I last saw him alive on *10-8*, 19*34*. Death is said to have occurred on the date stated above, at *2:00* m.

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

23A
24A *Tuberculous meningitis*
Other contributory causes of importance: *23*
Pul tuberculosis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *Yes*

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) *J. B. Kelly*, M. D.
(Address) *City, Mo. #1*

