

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.

DEC 28 1934

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

Do not use this space.

39259

1. PLACE OF DEATH

County Howell Registration District No. 389
Township Seneca Twp Primary Registration District No. 6344
City West Plains, Mo.

File No. _____
Registered 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 ma 4. COLOR OR RACE wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (widow)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie S. Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-11-1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
82

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 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) Pike County, Mo

13. NAME unknown

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

15. MAIDEN NAME "

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

17. INFORMANT (ADDRESS) Fay Jones West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE at home 11-17-1934

19. UNDERTAKER (ADDRESS) W. Thompson West Plains, Mo.

20. FILED Nov 21 19 34 W. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-16-1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10th, 1934, to Nov. 16th, 1934

I last saw him alive on Nov. 15th, 1934. Death is said to have occurred on the date stated above, at 2:20 P.M.

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

Myocarditis, Chronic,
Endocarditis, Chr. with Ayrthma.

Date of onset

Other contributory causes of importance:

Arterio-Sclerosis, chr.

Name of operation None Date of _____

What test confirmed diagnosis? Clinical 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

Yes, specify _____

(Signed) W. H. Lambuth, M. D.

(Address) West Plains, Mo.

1934-11-~~11~~
1852-2-~~11~~

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