

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

Do not use this space.

JAN 7 1935

40006

1. PLACE OF DEATH

County Macon Registration District No. 529
Township Chariton Primary Registration District No. 5705
City Chariton (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22 1887

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
47 3 29

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. _____
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) Macon, Mo.

13. NAME Wesley Files

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon, Mo.

15. MAIDEN NAME Sarah Baldwin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon, Mo.

17. INFORMANT (ADDRESS) Mr. Wesley Files

18. BURIAL, CREMATION, OR REMOVAL PLACE Files family DATE 10/11 1935

19. UNDERTAKER (ADDRESS) Albert Johnson

20. FILED Dec 31 1934 Edna Stone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Deceased was blind
cause of death, accidental discharge of a pistol in the hand of deceased striking him over the right side of the head.
Other contributory causes of importance:
1944 August 1944

Date of onset _____

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) W. G. Good Cornett
Edner
(Address) _____

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.

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