

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.

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

Do not use this space.

FEB 25 1935

1. PLACE OF DEATH

County Donnell
Township Donnell
City Donnell (No. 384)

Registration District No. 384
Primary Registration District No. 5535

File No. 42777
Registered No. 42777
St. Donnell Ward 1

2. FULL NAME

(a) Residence, No. Donnell home St. Donnell Ward 1
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>MARY ANN PLATTNER</u> <u>Wife</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1860</u>		
7. AGE <u>About 75</u>	YEARS <u>75</u>	MONTHS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Not known</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Not known</u>
10. Date deceased last worked at this occupation (month and year) <u>Not known</u>		11. Total time (years) spent in this occupation <u>Not known</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u> <u>Tennessee</u>		
13. NAME <u>Not known</u> <u>FRANK ADAMS</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u> <u>Tennessee</u>		
15. MAIDEN NAME <u>Not known</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u> <u>Tennessee</u>		
17. INFORMANT (ADDRESS) <u>Andy Morris</u> <u>Donnell home</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Donnell Cemetery</u> DATE <u>Dec. 14</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Andy Morris</u> <u>Donnell home</u>		
20. FILED <u>1-2</u> 19 <u>35</u> <u>Vida V. SIMONS</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9 1934 to Dec. 13 1934.
I last saw him alive on Dec. 13 1934 Death is said to have occurred on the date stated above, at 8:15 p.m.
The principal cause of death and related causes of importance were as follows:
sterility (was very old)
150 / 62
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? No
If so, specify _____
(Signed) Dr. Bingham M. D.
(Address) Donnell, Mo.

The surname of this man's wife is either Latnom or Lathrom. He was an inmate of the County Farm, and there was no history of the case. I heard of a daughter and wrote to her and got a little information, but the writing was not very plain, so I am not sure about the wife's name.