

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

Do not use this space.

JAN 18 1935

43723

1. PLACE OF DEATH

County Mississippi
Township Tyngsboro
City Charleston (No. _____)

Registration District No. 566
Primary Registration District No. 5762

File No. _____
Registered No. 164
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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF H. B. Wilburn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29-1882
7. AGE YEARS 52 MONTHS 6 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Murray Ky.

13. NAME Clay Mc. Couston

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

15. MAIDEN NAME Mary Virginia Dobb

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

17. INFORMANT H. B. Wilburn (ADDRESS) Charleston - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Fellows Cem. DATE Dec. 10 1934

19. UNDERTAKER Frank Fair Funeral Service (ADDRESS) Charleston Mo.

20. FILED Dec 12 1934 J. D. Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended/deceased from 11/28, 1934, to 12/8, 1934. I last saw h. ER alive on 12/8, 1934. Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:
Auricular Fibrillation Date of onset D.K.

Other contributory causes of importance:
Valvular Cardiac D.K.

Name of operation none Date of _____

What test confirmed diagnosis? Cl. Symp. 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) Chas. Powers, M. D.

(Address) Charleston 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.

