

JAN 8 1938

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

Do not use this space.

43738

1. PLACE OF DEATH

County Thyng  
Township Union  
City Wright (No. \_\_\_\_\_)

Registration District No. 568  
Primary Registration District No. 5762

File No. \_\_\_\_\_  
Registered No. 165 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 4 yrs. 4 mos. 4 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

2 MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6, 1890  
7. AGE YEARS 44 MONTHS 11 DAYS 3 If LESS than 1 day, hrs. min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9, 1934 10:15 A.M.  
22. I HEREBY CERTIFY, That I attended deceased from 12/3, 1934 to 12/9, 1934  
I last saw h. 101 alive on 12/8, 1934 Death is said to have occurred on the date stated above, at 10:15 A.M.  
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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 44 1/2

Bronchi-pneumonia D. K.  
Influenza 11/29/34  
Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eddyville Ky.  
13. NAME Patrick M. Deas  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio  
15. MAIDEN NAME Therese Oliver  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelton Mo.

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? all types 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 \_\_\_\_\_

17. INFORMANT Geo. P. Deas (ADDRESS) Wright Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove - Wright DATE Dec 10, 34  
19. UNDERTAKER (ADDRESS) Frank Lee Funeral Service  
20. FILED Dec 12 1934 Frank Lee Registrar.

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Charles Salinas, M. D.  
(Address) Charleston Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 4 1956