

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.

MAR 4 1935

1. PLACE OF DEATH

County North

Registration District No. 904

Township Union

Primary Registration District No. 45-46

City Clayton (No. 1)

File No. 4193

Registered No. 4193

St. Clayton Ward 1

2. FULL NAME

(a) Residence, No. 1 St. Clayton Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 10 ds. How long in U.S., if of foreign birth? yrs. 1 mos. 10 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W.</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>Wanda Daves</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 17-1888</u>		
7. AGE <u>47</u>	YEARS <u>10</u>	MONTHS <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Butcher</u>		11. Total time (years) spent in this occupation <u>18</u>
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cozad Neb.</u>		
13. NAME <u>John T. Daves</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
15. MAIDEN NAME <u>Flora Moore</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
17. INFORMANT <u>Mrs. Wanda Daves</u> <u>Shirley Mrs.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cozad Neb.</u> DATE <u>Jan 6 1935</u>		
19. UNDERTAKER <u>Long & Sons</u> <u>Shirley Mrs.</u>		
20. FILED <u>Jan 10 1935</u> <u>Mrs. O. H. Bond</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Jan 5 1935</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 5 1935</u> to <u>Jan 5 1935</u> I last saw him alive on <u>Jan 5 1935</u> Death is said to have occurred on the date stated above, at <u>11 P.</u> m.
The principal cause of death and related causes of importance were as follows: <u>Cerebral hemorrhage</u> <u>Spang & St. Vincent</u> <u>Spang & St. Vincent</u>	
Other contributory causes of importance: <u>1935</u>	
Name of operation <u>Resection</u>	Date of <u>1935</u>
What test confirmed diagnosis? <u>Resection</u> Was there an autopsy? <u>1935</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>1935</u> Date of injury 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) <u>John Andrew</u> M.D. (Address) <u>St. Louis, Mo.</u>	

