

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 15 1935

6078

1. PLACE OF DEATH

County Meru Registration District No. 554
Township Madison Primary Registration District No. 3748
City Madison (No.) St. Ward (.....)

2. FULL NAME

Len Ralph Bain

(a) Residence, No. St. Ward. (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) Oct 10 - 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 3 25

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) no

13. NAME C Bain

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

15. MAIDEN NAME Nigh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

17. INFORMANT (ADDRESS) C Bain mill grove

18. BURIAL, CREMATION, OR REMOVAL PLACE Hamilton DATE Feb 6 35

19. UNDERTAKER (ADDRESS) Noel Moore Prescription Mo

20. FILED Feb 10 1935 Mrs Claud Thomas Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1935, to Feb 6, 1935

I last saw him alive on Feb 6, 1935 Death is said

to have occurred on the date stated above, at 7:45 a.m.

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

Typhoid fever Date of onset Jan 20
Purpura hemorrhagica

Other contributory causes of importance:
Pharyngeal Foreign Body Jan 13
Brown Sandwich

Name of operation Date of

What test confirmed diagnosis? Phys. Exp. 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 6, 1935

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) J. Lewis, M. D.
(Address) Quincy Mo.

