

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.
6638

MAR 1 1935

1. PLACE OF DEATH

County St. Francois
Township Randolph
City St. Francois (No. 100)

Registration District No. 772
Primary Registration District No. 6024C

File No. 168
Registered No. _____
St. _____ Ward _____

2. FULL NAME

William Wesley Learner

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31 1886
7. AGE YEARS 48 MONTHS 2 DAYS 2
If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. On own farm.
10. Date deceased last worked at this occupation (month and year) January 1935
11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grand Tower Ill.

13. NAME Joe Learner

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

15. MAIDEN NAME Pudence Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vienna Ill.

17. INFORMANT (ADDRESS) Jane Learner
Edwards Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lane Cemetery DATE Feb. 2nd 1935

19. UNDERTAKER (ADDRESS) Baldwin Brothers
3rd River Mo.

20. FILED 2-6 1935 6024C
Registrar W.H.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 2nd 1935

22. I HEREBY CERTIFY That I attended deceased from January 12th 1935 to February 2nd 1935
Last saw him alive on January 12th 1935 Death is said to have occurred on the date stated above at _____ m.

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

Influenza Date of onset 1-12-35
110

Other contributory causes of importance:
Bronchial pneumonia
Spindling & degenerative changes in heart & kidneys.

Name of operation None Date of _____
What test confirmed diagnosis? None 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) Edgar E. Whiteside M. D.
(Address) Edwards Mo

