

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

Do not use this space.

APR 5 7 1935

8613

1. PLACE OF DEATH
 31 County Davis Registration District No. 250
 Township Morse Primary Registration District No. 5349
 City (No. _____) St. _____ Ward _____

2. FULL NAME Daniel Boone Pailback
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Pailback

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2, 1854

7. AGE YEARS 80 MONTHS 8 DAYS 90 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 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 _____

MOTHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 13. NAME David Pailback
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 15. MAIDEN NAME Tuggle
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER
 17. INFORMANT Mrs. W. V. Pearce (ADDRESS) Hamilton Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE Mar. 14, 1935
 19. UNDERTAKER (ADDRESS) Nettie R. Houghton, Hamilton Mo
 20. FILED 3-18-35 1935 H. Gardner Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 6, 1935, to Mar 12, 1935
 I last saw him alive on Mar 6, 1935; Death is said to have occurred on the date stated above, at 6 A. m.
 The principal cause of death and related causes of importance were as follows:
Myocardial infarction of heart
Mild atherosclerosis
Hardening of arteries Date of onset _____

Other contributory causes of importance: None

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) D. J. Lead M. D.
 (Address) Hamilton, 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.

