

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

Do not use this space.

APR 1 8 1935

8930

1. PLACE OF DEATH

County Laclede
 Township Mount Gilead
 City Mount Gilead (No.)

Registration District No. 372
 Primary Registration District No. 4218

File No.
 Registered No. 819 St. Ward

2. FULL NAME

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 6 1

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phila Tenn

13. NAME Alexandra Dukes

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

15. MAIDEN NAME Sarah McEuniss

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT Mr Fred McEntire (ADDRESS) Mount Gilead Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Gilead DATE 3/9 1935

19. UNDERTAKER McCaughy (ADDRESS) Mount Gilead

20. FILED 39 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 1935 to March 6 1935

I last saw him alive on March 6 1935 Death is said to have occurred on the date stated above, at 4 P m.

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

Broncho-pneumonia Date of onset Feb 26 35
10 P M
not 4 P

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis Chinoid 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) F E Haganey M. D.
 (Address) Mount Gilead 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.

