

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.

10236-a

1. PLACE OF DEATH

County

Township

City

(No.)

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

N.Y. 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

N.Y.

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

July 14-1853

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, ...hrs.
or min.

81

7

21

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

House Painter

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)

N.Y.

11. Total time (years)
spent in this
occupation

N.Y.

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

Missouri

13. NAME

James F. Speed

MOTHER FATHER

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

Ky

15. MAIDEN NAME

Beranda Deatherbush

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

Ky

17. INFORMANT
(ADDRESS)

Jas F. Speed, Paris, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Walnut Grove

DATE

Mar 11

1935

19. UNDERTAKER
(ADDRESS)

Speed + Blaker Perry Mo

20. FILED

MAR 10 1935 J. T. Howard

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR 10 1935 . 19

22. I HEREBY CERTIFY, That I attended deceased from

2-20

1935, to

3-9

1935

I last saw him alive on 3-9-1935 Death is said

to have occurred on the date stated above, at 2 A. M.

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

chronic intestinal tuberculosis

pericarditis

Other contributory causes of importance

Pericarditis

Name of operation

None

Date of

What test confirmed diagnosis?

✓

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)

Wm. J. Powell D.O.

(Address)

Perry, Mo.

Good morning

Mr. P. M. M.

2 A. M.