

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

Do not use this space.

MAY 23 1935

12124

1. PLACE OF DEATH

County Callaway
Township Gate South
City Tehhette (No. _____)

Registration District No. 1835
Primary Registration District No. 5154

File No. _____
Registered No. 16
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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 27, 1913</u>		
7. AGE	YEARS <u>21</u>	MONTHS <u>8</u>
	DAYS <u>20</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	11. Total time (years) spent in this occupation _____
	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) _____	

12. BIRTHPLACE (CITY OR TOWN) Tehhette, Missouri
(STATE OR COUNTRY)

13. NAME J. W. Dolman

14. BIRTHPLACE (CITY OR TOWN) St. Aubert, Missouri
(STATE OR COUNTRY)

15. MAIDEN NAME Alma Evans

16. BIRTHPLACE (CITY OR TOWN) Tehhette, Mo.
(STATE OR COUNTRY)

17. INFORMANT J. W. Dolman
(ADDRESS) Tehhette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Middle River DATE Apr. 17, 1935

19. UNDERTAKER Gen. Y. Maxson
(ADDRESS) Maxson, Mo.

20. FILED 4-26-35 Registrar J. W. Dolman

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Apr 16, 1935, 19____
I last saw him dead, 19____, to Apr 16, 1935. Death is said to have occurred on the date stated above, at 12:30 m.

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

Ischemic heart disease + Absorbed prussic acid
11/0
Other contributory causes of importance: Insufficient food + cold
Name of operation none Date of _____
What test confirmed diagnosis? none Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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?
If so, specify _____
(Signed) J. W. Dolman, M. D.
(Address) not known

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.

