

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

Do not use this space.

12661

1. PLACE OF BIRTH

County Ballwin
Township Ballwin
City Mountain View Mo. (No.)

Registration District No. 380

Primary Registration District No. 353

File No.

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No. Mountain View Mo. Ward.
(Usual place of abode)

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>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sing</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 6 - 1934</u>		
7. AGE	YEARS	MONTHS
		<u>4</u>
		<u>14</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) (STATE OR COUNTRY)
Mountain View Mo.

MOTHER	13. NAME <u>Lawrence Bales</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Glady's Weller</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mountain View Mo.</u>

17. INFORMANT (ADDRESS)
Lucy M. Todd

18. BURIAL, CREMATION, OR REMOVAL PLACE
Mountain View Mo. DATE April 21 1935

19. UNDERTAKER (ADDRESS)
John S. Smiley

20. FILED 4-25 1935 W. W. Nottingham Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 15 1935, to April 21 1935

I last saw him alive on April 21 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:

Date of onset

Hemorrhagic Meningitis Apr 12

Other contributory causes of importance:
History of measles?

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?
If so, specify

(Signed) W. W. Nottingham M. D., M. D.
(Address) Mountain View, Mo.

Hemorrhagic
Meningitis