

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

Do not use this space.

JUN 3 1935

13872

1. PLACE OF DEATH

County Bethu
 Township Adair
 City Adair, Mo

Registration District No. 668
 Primary Registration District No. 3032
 (No. Bothwell Hospital)

File No. 147
 Registered No. 668
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. La Monte, Mo 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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 16 - 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
16 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Johnson Co Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Geo Nath

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Johnson Co Mo
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Jane Strickland

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Johnson Co Mo
 (STATE OR COUNTRY)

14. INFORMANT Walter Hall
 (Address) Nalley City Mo

15. FILED April 24 1935 Jede Slack
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 24 1935

17. I HEREBY CERTIFY, That I attended deceased from April 24, 1935, to April 24, 1935, that I last saw him alive on April 24, 1935, and that death occurred, on the date stated above, at _____ a. _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Staphylococcal infection of left shoulder
and left side of chest
 (duration) _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY (SECONDARY) 36
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: at place residence

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) M. B. Sly, M. D.
 , 19 (Address) Adair Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Marshall Cem. DATE OF BURIAL April 26 1935

20. UNDERTAKER C. L. Saklts ADDRESS Knobloch 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.

Vermont

224 South

Mo

Soda Co

Seal

Mus. Stone

Broadway

604

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia (No. _____)

Registration District No. 668
Primary Registration District No. 3032

File No. _____
Registered No. 147
St. _____ Ward _____

2. FULL NAME Oscar Hall

(a) Residence, No. _____ St. _____ 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 24, 1930

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

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

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

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 16 8

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

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

Streptococci infection
of left shoulder and left
side of chest. (Date of onset _____)

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 _____

Other contributory causes of importance: 30

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

m. accident

13. NAME _____

natural cause

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

Name of operation _____ Date of _____

15. MAIDEN NAME _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

23. If death was due to external causes (violence), fill in also the following:

17. INFORMANT (ADDRESS) _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

19. UNDERTAKER (ADDRESS) _____

Specify whether injury occurred in industry, in home, or in public place.

20. FILED Apr 24, 1930 Jean Slack Registrar.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

CRUEL OR BARBARIC PUNISHMENTS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

