

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 29 1935

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

Do not use this space.

791
1003

14251

File No. 3038
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (No. Frisco) Boop.

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) Springfield Mo. 110

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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (widow)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-7-1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 70 8 24

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Frisc R.R.

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) Denmark

13. NAME Henry Nely

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

15. MAIDEN NAME Bankowen

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

17. INFORMANT J. Hayes (ADDRESS) Frisco Boop.

18. BURIAL, CREMATION, OR REMOVAL Springfield Mo. DATE 4/1 1935

19. UNDERTAKER Robt. C. Calkins (ADDRESS) 6633 Clayton

20. FILED APR - 1 1935 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-1-1935

22. I HEREBY CERTIFY, That I attended deceased from 2-24-35, to 4-1-1935

I last saw him alive on 4-1-1935 Death is said to have occurred on the date stated above, at 5:05 P.M.

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

Bronchial Pneumonia Date of onset 3-21-35

Other contributory causes of importance: Hyperthymic Prostate

Name of operation Prostatectomy Date of 3-22-35

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 none Nature of injury _____

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

(Signed) Hugh Haynes M. D. (Address) 4960 The Wood

