

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.

JUN 1 8 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Butler
Township Black River
City..... (No.....,..... Ward)

Registration District No. 91
Primary Registration District No. 5135

File No. 15730
Registered No. Five
St. Ward)

2. FULL NAME J. Franklin Magill

(a) Residence, No. Hendrickson, Mo. Gen. Del. Ward.....
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 16 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) Feb. 23, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 2 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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.....

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

13. NAME Unknown

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

15. MAIDEN NAME Vergie Tune

16. BIRTHPLACE (CITY OR TOWN) Butler County
(STATE OR COUNTRY) Missouri

17. INFORMANT John Magill
(ADDRESS) Hendrickson, Mo. Gen. Del.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rucker DATE May 10, 1935

19. UNDERTAKER Greer Funeral Service
(ADDRESS) Poplar Bluff, Missouri

20. FILED May 10, 1935 [Signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 19 35

22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1935, to 3-9, 1935

I last saw him alive on Jan 8, 1935. Death is said to have occurred on the date stated above, at 8:25 P. M.

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

Hereditary syphilis
Date of onset 34

Other contributory causes of importance:

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 10m / Hendrickson, M. D.
(Signed) Poplar Bluff, Mo
(Address)

