

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.

JUL 25 1935

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

Do not use this space.

17276

1. PLACE OF DEATH

County Newton Registration District No. 611  
Township Dayton Primary Registration District No. 5815  
City Newton (No. Neesho Mo Rr 1) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Thomas Melvin McDaniels  
(a) Residence, No. Japan 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Not known</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 7 1897</u>				
7. AGE	YEARS <u>38</u>	MONTHS <u>1</u>	DAYS <u>29</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>miner</u>			
	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) (STATE OR COUNTRY) <u>Racine Missouri</u>				
MOTHER	13. NAME <u>Wm H McDaniels</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
	15. MAIDEN NAME <u>Wilkens</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT <u>W. F. McDaniels</u> (ADDRESS) <u>Neesho Mo Rr 1</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Burkhardt Cem</u> DATE <u>May 7 1935</u>				
19. UNDERTAKER <u>B. W. B. B. B.</u> (ADDRESS) <u>Neesho Mo</u>				
20. FILED <u>May 15 1935</u> <u>Merle Spaulin</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. 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:  
Gun shot wound in back from 38 Cal revolver at the hand of Mansford Allegier while Ward Allegier was protecting home and property and said McDaniels was stripping Allegier's car. Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external cause (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury May 6 1935  
Where did injury occur near Japan Mo (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
at home of Mansford Allegier  
Manner of injury Gun shot  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) Ashtley B. B. B. \_\_\_\_\_  
(Address) Neesho Mo

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