

JUN 3 1935

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

Do not use this space.

17445

1. PLACE OF DEATH  
County Polk Registration District No. 703  
Township Johnson Primary Registration District No. 4424  
City Hammouville (No. 10405) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Rhaphie Dean Poston  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Oscarola MO  
(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

MEDICAL CERTIFICATE OF DEATH

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. 28 1934

| 7. AGE | YEARS    | MONTHS   | DAYS     | IF LESS than 1 day, _____ hrs. or _____ min. |
|--------|----------|----------|----------|--|
|        | <u>1</u> | <u>1</u> | <u>2</u> |  |

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) (STATE OR COUNTRY) Oscarola MO

FATHER 13. NAME Roy Poston

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

MOTHER 15. MAIDEN NAME Elizabeth Thompson

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

17. INFORMANT A J Stefflebaum  
(ADDRESS) Hammouville MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Laudaker cemetery DATE May 3 1935

19. UNDERTAKER none  
(ADDRESS) \_\_\_\_\_

20. FILED May 2 1935 Orv M. Rich  
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1 1935 to May 2 1935  
I last saw him alive on May 2 1935. Death is said to have occurred on the date stated above, at 12:45 am.  
The principal cause of death and related causes of importance are as follows:  
Pneumonia  
Tracheotomy  
Date of onset 5-2-35

Other contributory causes of importance:  
Tracheotomy 5-1-35

Name of operation Tracheotomy Date of 5-7-35  
What test confirmed diagnosis? chest x Was there an autopsy? no

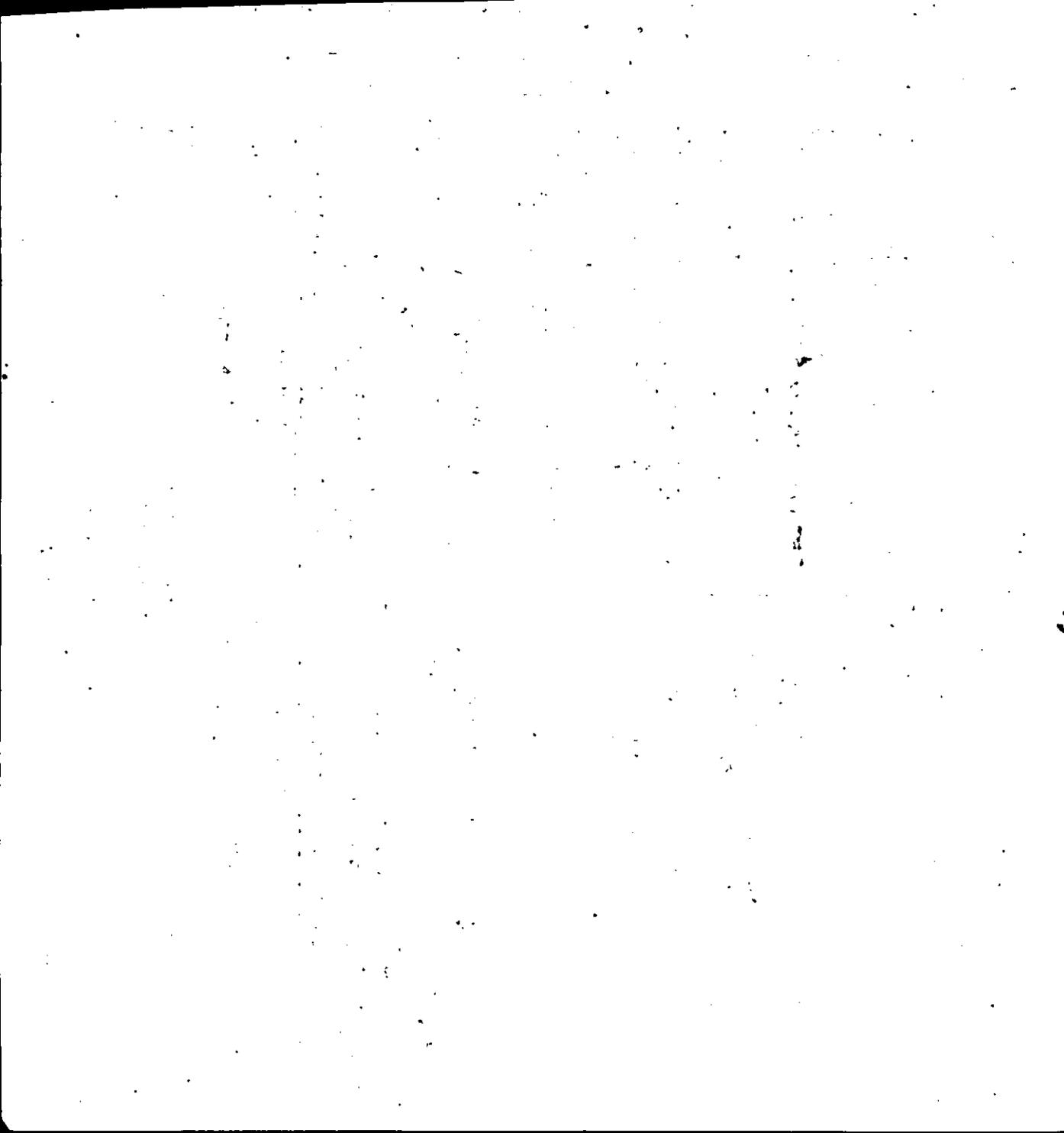
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) A J Stefflebaum M. D.  
(Address) Hammouville MO

died in hospital

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRING DISEASES



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CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Polk Registration District No. 703  
 Township Franklin Primary Registration District No. 4424  
 City Hammanville St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Claydie Dean Poston

(a) Residence, No. \_\_\_\_\_ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S  
 (write the word)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 1 2

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 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) \_\_\_\_\_

MOTHER FATHER  
 13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19 \_\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED May 2 1935 Ora M. Reek Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1935 to \_\_\_\_\_, 1935.  
 I last saw him alive on \_\_\_\_\_, 1935. Death is said to have occurred on the date stated above, at \_\_\_\_\_ a.m.  
 The principal cause of death and related causes of importance were as follows:

Pneumonia  
Operation performed for  
Tracheotomy  
 Other contributory causes of importance \_\_\_\_\_  
 Date of onset \_\_\_\_\_

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 \_\_\_\_\_, 1935  
 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) \_\_\_\_\_, M. D.  
 (Address) \_\_\_\_\_

JUN 15 1935

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