

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

Do not use this space.

MAY 15 1935

18743

**1. PLACE OF DEATH**

County Oney  
Township Branson  
City Branson (No. \_\_\_\_\_)

Registration District No. 859  
Primary Registration District No. 6128

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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**

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1864

7. AGE YEARS 74 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Luzas

13. NAME Donk Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Donk Know

15. MAIDEN NAME Donk Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Donk Know

17. INFORMANT Jess. Miser (ADDRESS) Branson, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Edwards Entry 573 DATE 1935

19. UNDERTAKER W. Wheeler (ADDRESS) Branson, Mo

20. FILED 5/2 1935 John A. Baxter Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1935, to May 1, 1935

I last saw him alive on May 1, 1935. Death is said to have occurred on the date stated above, at 3 P. m.

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

Uremic Convulsions Date of onset \_\_\_\_\_

Other contributory causes of importance: 131  
Chronic Interstitial Nephritis

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Mo

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? \_\_\_\_\_

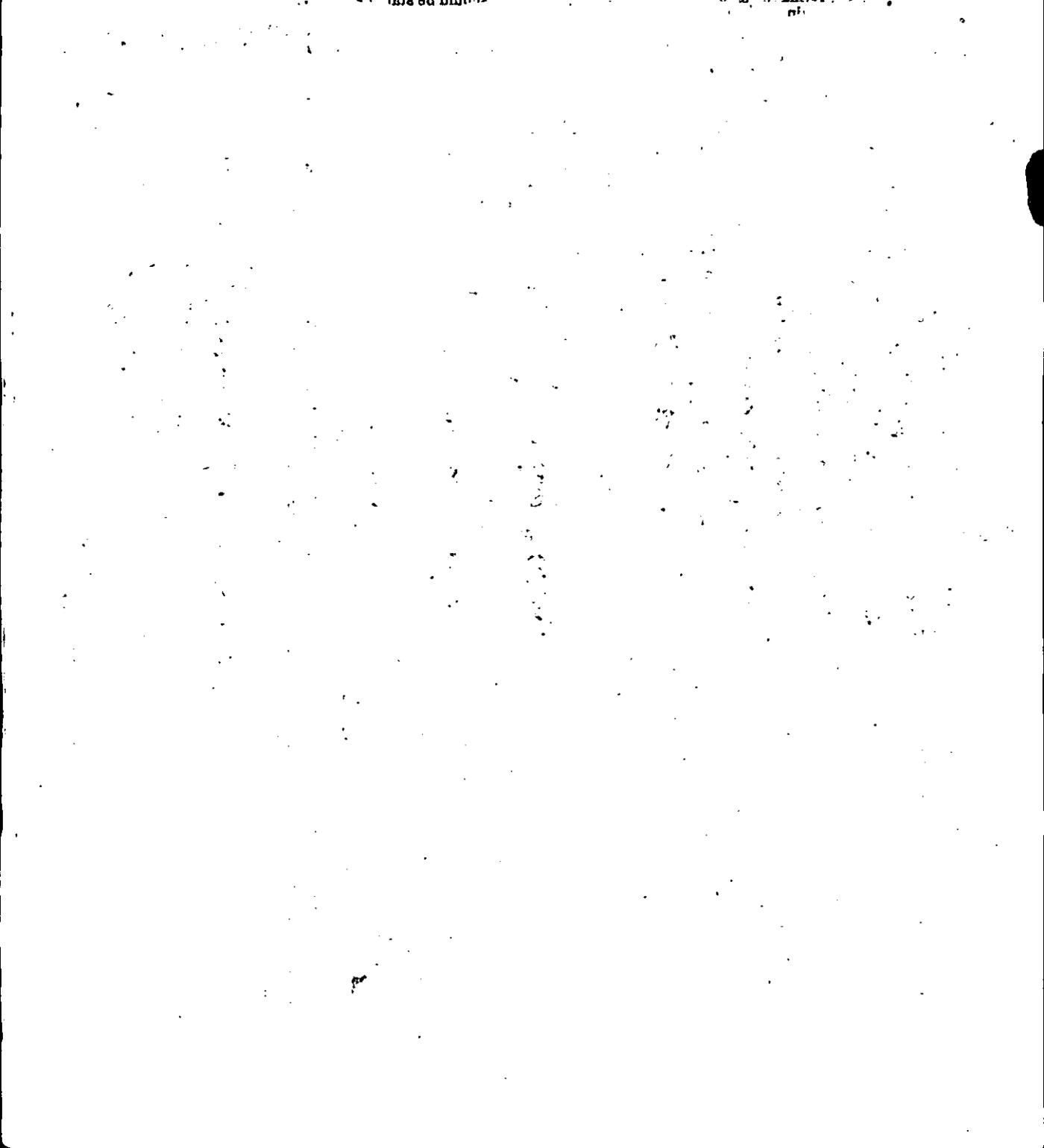
If so, specify \_\_\_\_\_ (Signed) Guy B. Mitchell, M. D.

(Address) Branson, 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.

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

OCCUPATION  
FATHER  
MOTHER





18743

JUL 12 1965

of  
the

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RECEIVED