

JUL 29 1935

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

Do not use this space.

18818

## 1. PLACE OF DEATH

County WorthRegistration District No. 103Township WitchellPrimary Registration District No. 123City Went City (No. 1)St. Mo. Ward 1

## 2. FULL NAME

(a) Residence, No. 1St. Mo.Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 16. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1909

7. AGE

YEARS 26MONTHS 0DAYS 1

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 110. Date deceased last worked at this occupation (month and year) Feb. 193511. Total time (years) spent in this occupation 612. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Went City, Mo.

FATHER

13. NAME Ernest Long14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Went City, Mo.

MOTHER

15. MAIDEN NAME Maggie Bell Madiet16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Went City, Mo.17. INFORMANT (ADDRESS) Ernest Long

18. BURIAL, CREMATION, OR REMOVAL

PLACE Went City, Mo.DATE 5/22

1935

19. UNDERTAKER (ADDRESS) Frank C. Dumble20. FILED 7-10

1935

Red Mullins

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-19-3522. I HEREBY CERTIFY, That I attended deceased from 21 17 1935 to 5-19 35I last saw him alive on 5-18-35, 19..... Death is said to have occurred on the date stated above, at 8:00 a.m.

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

Medical degenerationDate of onset 1935

Other contributory causes of importance:

Cholera1935Name of operation 1Date of 1What test confirmed diagnosis? Typing fluidWas there an autopsy? 10

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 1Nature of injury 124. Was disease or injury in any way related to occupation of deceased? noIf so, specify 1(Signed) W. H. Case

M. D.

(Address) Went City, 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.

