

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 23 1935

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

Do not use this space.

20071

1. PLACE OF DEATH

County Jasper Registration District No. 408 File No.
Township Primary Registration District No. 3020 Registered No.
City Carthage mo (No. McCune Brook Hospital) St. Ward)

2. FULL NAME

James Milton Endsley
(a) Residence, No. 819 Oak St. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 7 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Baith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 3rd 1870</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>6</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Vetinary & Farmer</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>		
13. NAME <u>A. D. Endsley</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Mrs. J. M. Endsley</u> <u>819 Oak St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Park Cemetery</u> DATE <u>6/15/35</u>		
19. UNDERTAKER (ADDRESS) <u>Olmer Drake</u> <u>Carthage mo</u>		
20. FILED <u>June 15, 1935</u> <u>S. B. Clinton</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13th 1935

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1935 to June 13, 1935
I last saw him alive on June 13, 1935. Death is said to have occurred on the date stated above, at 9:30 a. m.
The principal cause of death and related causes of importance were as follows:
perforated gastric ulcer Date of onset 6/9/35
General peritonitis

Other contributory causes of importance:
Chronic Alcoholism

Name of operation none Date of
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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? home (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) George H. Wood, M. D.
(Address) Carthage mo

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