

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

Do not use this space.

20284

JUL 24 1935

1. PLACE OF DEATH

County Monroe
Township
City Brookfield

Registration District No. 496

Primary Registration District No. 3127

File No.

Registered No. 59

St. Ward)

2. FULL NAME

(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. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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) May-31-1916

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>19</u>	<u>0</u>	<u>21</u>	

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

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) Monroe Co Mo

13. NAME Ralph Whisenand

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

15. MAIDEN NAME Winnie Campbell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wardner Idaho

17. INFORMANT Ralph Whisenand

18. BURIAL, CREMATION, OR REMOVAL PLACE Bagklin DATE June 14 1935

19. UNDERTAKER (ADDRESS) Jas M Taylor

20. FILED July 9 1935 Idolias, M D Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12 1935

22. I HEREBY CERTIFY That I attended deceased from 6/5, 1935, to 6/12, 1935

I last saw him alive on 6/12, 1935 Death is said

to have occurred on the date stated above, at 7:30 p.m.

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

Septicemia 4 da

Other contributory causes of importance

Gangrene of right leg 3 da

Appendicitis 2 da

Name of operation Appendectomy Date of 6/7/35

What test confirmed diagnosis Riester Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury

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) Jas M Taylor, M. D.

(Address) Brookfield, 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.

