

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

Do not use this space.

21675

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **781**
Primary Registration District No. **1003**

File No.....
Registered No. **5678**
St. Ward)

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

Length of residence in city or town where death occurred **2** yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (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 (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mary Middleton**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 11 - 1856**

7. AGE YEARS **79** MONTHS **1** DAYS **20** If LESS than 1 day, hrs. or min.

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

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) **Iron Co. Mo.**

13. NAME **John Middleton**

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

15. MAIDEN NAME **not known**

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

17. INFORMANT (ADDRESS) **Wm. J. ...**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Nevy St. Marcus** DATE **July 3** 19**35**

19. UNDERTAKER (ADDRESS) **A. W. McLaughlin**

20. FILED **JUL -2 1935**

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 30 1935**

22. I HEREBY CERTIFY That I attended deceased from **6/27**, 19**35**, to **6/30**, 19**35**.

I last saw him alive on **6/30**, 19**35**. Death is said

to have occurred on the date stated above, at **8:20 am**.

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

hypertensive vascular disease

Date of onset

Other contributory causes of importance: **107**

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....., 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) **W. F. ...** M. D.

(Address) **City ...**

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.

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8100

1200 1000 800 600 400 200