

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.

WHITE PERNET, WITH OYDING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

22836

1. PLACE OF DEATH

County *Henry*
Township *Clinton*
City *Clinton* (No. *347*)

Registration District No. *347*
Primary Registration District No. *3018*

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

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

St. _____ Ward _____

(If nonresident, give city or town and State)

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.

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) *Sept. 1934*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
— 9 — —

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Dependent*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Labors*
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) *Clinton Mo.*

FATHER 13. NAME *Albert Harrison*

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

MOTHER 15. MAIDEN NAME *Saura B. Coffey*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Oreighton Mo.*

17. INFORMANT (ADDRESS) *Albert Harrison*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Oreighton* DATE *July 7, 1935*

19. UNDERTAKER (ADDRESS) *Wm. H. Hower*

20. FILED *7-29-35* *J. R. Hamilton* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-6-1935*

22. I HEREBY CERTIFY, That I attended deceased from *6-20*, 1935, to *7-6*, 1935

I last saw him alive on *7-5*, 1935. Death is said to have occurred on the date stated above, at *10* m.

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

Date of onset _____

Acute Enterocolitis
Other contributory causes of importance: *10B*

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) *Ed. C. Peeler*, M. D.

(Address) *Clinton Mo.*

