

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

Do not use this space.

22888

**1. PLACE OF DEATH**

County Don

Registration District No. 391

File No. ....

Township Arcadia

Primary Registration District No. 5846a

Registered No. 36

City .....

(No. ....)

St. .... Ward)

**2. FULL NAME** Charles Kent

(a) Residence. No. .... St. .... Ward. .... (If nonresident give city or town and State)

(Usual place of abode)

(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**

Man

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

not known

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, yrs. or min.
79	11	14	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Mail Carrier

(b) General nature of industry, business, or establishment in which employed (or employer) before he became

(c) Name of employer Substate Co farm

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) not known

**10. NAME OF FATHER** Not known

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) not known

**12. MAIDEN NAME OF MOTHER** not known

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) not known

**14. INFORMANT** M. J. Keathley

(Address) Monton Mo.

**15. FILED** July 15 1935

R. A. Rasche  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** July 2 1935

**17. I HEREBY CERTIFY**, That I attended deceased from June 29 1935 to July 2 1935 that I last saw him alive on July 2 1935, and that death occurred, on the date stated above, at 6 a. m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Cancer of base

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no. DATE OF .....

WAS THERE AN AUTOPSY? no.

**WHAT TEST CONCERNED DIAGNOSIS**

(Signed) E. L. Barnhouse, M. D.

, 19 (Address) Monton Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

County farm July 2 1935

**20. UNDERTAKER**

Ed Bond Monton 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.

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On 10/10/10

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10/10/10

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

Do not use this space.

**1. PLACE OF DEATH**

County Iron

Registration District No. 391

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. SS46a

Registered No. 26

City \_\_\_\_\_ (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Charles Kent

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

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word) Mar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 - 1855

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 79 11 14

Cancer of face

Cancer of tongue

Primary Seat

Other contributory causes of importance \_\_\_\_\_

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OCCUPATION

MOTHER FATHER

**SUPPLEMENT**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

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

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED Sept 4, 1935 R.A. Rasche Registrar.

(Signed) E. J. Barnhouse, M. D.

(Address) Ironton, Mo

SEP 2 1935

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