

SEP 2 1 1935

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

Do not use this space.

26396

1. PLACE OF DEATH

County Jackson
Township Flora
City et c.

Registration District No. 399
Primary Registration District No. 1002
(No. General Hospital)

File No. _____
Registered No. 2142
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1123 Holmes St., _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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>Martha M. Dermott</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct-27-1902</u>		
7. AGE YEARS <u>32</u>	MONTHS <u>9</u>	DAYS <u>45</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mattress Mfr/Hor</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Hammer Bedding</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Tenn13. NAME
Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Unknown15. MAIDEN NAME
Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Unknown17. INFORMANT (ADDRESS)
Plara Hockley
R 5 Nebraska mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Neosho, Mo DATE Aug 8 193519. UNDERTAKER (ADDRESS)
A. P. Doherty
1415 E 1520. FILED 97 1935 M. M. Cronin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/1/35
22. I HEREBY CERTIFY that I attended deceased from _____, 19____
I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, _____ m.

The principal cause of death and related causes of importance were as follows:
Sunstroke injured of the head.

Date of onset

Other contributory causes of importance:

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 _____
Where did injury occur? 1123 Holmes St, Tenn

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Trauma by means
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____
(Signed) [Signature], M. D.
(Address) [Address]

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

