

SEP 26 1935

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

Do not use this space.

## 1. PLACE OF DEATH

 County St. Genevieve  
 Township Sabing  
 City St. Genevieve

 Registration District No. 183  
 Primary Registration District No. 6029

 File No. 27445  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

 (a) Residence No. John T. Daniels 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

 3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Alexander (deceased)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27, 1935
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
72 11 4

 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. Farming

 10. Date deceased last worked at this occupation (month and year) Aug 31, 1935 11. Total time (years) spent in this occupation life

 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near White Water Missouri
13. NAME James Daniels
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) was known
15. MAIDEN NAME was known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) was known

 17. INFORMANT (ADDRESS) Charles Daniels

 18. BURIAL, CREMATION, OR REMOVAL PLACE White Water DATE Sept 1, 1935

 19. UNDERTAKER (ADDRESS) Richardson & Filmer to Farmington Mo.

 20. FILED Sept 10, 1935 - Mrs. H. N. Vass Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31, 1935
 22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1935, to Aug 31, 1935

 I last saw him alive on Aug 31, 1935. Death is said
to have occurred on the date stated above, at 3 P m.

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

Apoplexy -  
Cerebral Paralysis  
of Right side  
Progressive Hemiplegy  
 Other contributory causes of importance:

Date of onset

Aug 27, 35Name of operation None Date of \_\_\_\_\_What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 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) R. A. Leberly, M. D.(Address) Farmington 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.

PERMANENT RECORD

