

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

Do not use this space.

SEP 26 1935

28401

1. PLACE OF DEATH

County Scott
Township Chaffee
City Chaffee (No. _____ St. _____ Ward _____)

Registration District No. 816
Primary Registration District No. 4492

File No. _____
Registered No. 49

FULL NAME

(a) Residence, No. 208 W. Graham St. Ward. x unknown
(Usual place of abode) (If nonresident, give city or town and State)

X Length of residence in city or town where death occurred 0 yrs. 8 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) Feb. 10, 1889

7. AGE YEARS 46 MONTHS 5 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. MINER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. TIFF INDUSTRY
10. Date deceased last worked at this occupation (month and year) MAY 1930 11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (CITY OR TOWN) MARION ILL (STATE OR COUNTRY)

13. NAME UNKNOWN

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

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT W. M. Hartnett (ADDRESS) Chaffee Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union Park Cemetery DATE 8/7 1935

19. UNDERTAKER C. M. Stubbs (ADDRESS) Chaffee Mo.

20. FILED 8/7 1935 W. O. Finney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/10 1934 to Aug 6 1935

I last saw him alive on Aug 6 1935 Death is said to have occurred on the date stated above, at 11:45 m.

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

Myocarditis acute
Ch. Myocarditis
Cardiac Dropsy
Broken Coronary Artery
Other contributory causes of importance:
Complete Bilateral Aneurysm
Hernias Large

Name of operation _____ Date of _____
What test confirmed diagnosis Chin Was there an autopsy? No

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, at home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. O. Finney M. D.
(Address) Chaffee Mo

N. B.—Every item of information should be carefully supplied. AGE statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

