

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.

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

Do not use this space.

SEP 26 1935

28567

1. PLACE OF DEATH Wright
 County Union Registration District No. 949
 Township Union Primary Registration District No. 6225
 City Winnic, E. Deam (No. St. Ward)

2. FULL NAME Winnic, E. Deam
 (a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED (write name of ~~HUSBAND~~ WIFE) Russell Deam
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10-1878
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 8 15
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
 10. Date deceased last worked at this occupation (month and year) July 1 1935 11. Total time (years) spent in this occupation life
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 13. NAME John T. Black
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 15. MAIDEN NAME Alyra Hewett
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 17. INFORMANT Joel Edwards
 (ADDRESS) Compellious mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE New Home Cem DATE 8-26 1935
 19. UNDERTAKER Joel Edwards
 (ADDRESS) Compellious mo
 20. FILED 8-25 1935 J. H. Lloyd Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25 1935
 I HEREBY CERTIFY, That I attended deceased from July 2 1935 to Aug 20 1935
 I last saw him alive on Aug 20 1935 Death is said to have occurred on the date stated above, at 2:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia Tuberculosis 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 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) J. H. Lloyd M. D.
 (Address) Throu Spurgeon

