

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

Do not use this space.

OCT 17 1935

28619

1. PLACE OF DEATH

County Barnes Registration District No. 29
Township Eleuthera Primary Registration District No. 4021
City Barnes Co. Hospital St. _____ Ward _____

File No. 46
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 18 Ward. _____
(Usual place of abode) Seligman, R. 7. D. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 23 1917
7. AGE YEARS 18 MONTHS 5 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Eagle Rock (STATE OR COUNTRY) Mo

13. NAME Thurman Ball

14. BIRTHPLACE (CITY OR TOWN) Eagle Rock (STATE OR COUNTRY) Mo

15. MAIDEN NAME Eva J. Taylor

16. BIRTHPLACE (CITY OR TOWN) Eagle Rock (STATE OR COUNTRY) Mo

17. INFORMANT Thurman Ball (ADDRESS) Seligman, Mo

18. BURIAL, CREMATION, OR REMOVAL Placed in Murrey Care DATE Sept 29 1935

19. UNDERTAKER Thurman Ball (ADDRESS) Seligman, Mo

20. FILED 10-10 1935 Geo W. Newman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28th 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-23 1935 to 9-28 1935

I last saw him alive on 9-23 1935 Death is said to have occurred on the date stated above, at 5 a m.

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

malignant testicular
malacia Date of onset 9-10-35

Other contributory causes of importance: 30

Name of operation (Sakabaw) Date of _____
What test confirmed diagnosis? (Clinical) 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 no 1935

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) Geo W. Newman M. D.

(Address) Cassville, 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.

