

OCT 24 1935

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township Graham
City etc

Registration District No. 408
Primary Registration District No. 55631

File No. 29839
Registered No. _____
St. _____ Ward)

2. FULL NAME(a) Residence, No. Jepher Mo St. _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 6 mos. 90 ds. How long in U. S., if of foreign birth? nc yrs. nc mos. 90 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 nc6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31 - 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1
74 0 4 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. nc10. Date deceased last worked at this occupation (month and year) nc 11. Total time (years) spent in this occupation.12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME Jim Flanery14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia15. MAIDEN NAME Louisa Shepherd16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT J. C. Trentmann (ADDRESS) Carthage etc18. BURIAL, CREMATION, OR REMOVAL PLACE Jepher Mo DATE Sept 6 193519. UNDERTAKER Shepherd Mortuary (ADDRESS) 275 S. 2nd St. etc20. FILED Sept 8 1935 S. B. Colton Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5 193522. I HEREBY CERTIFY, That I attended deceased from Aug 1 1935, to Sept 5 1935I last saw him alive on Sept 1 1935 Death is said to have occurred on the date stated above, at 1:00 P.M.

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

Date of onset

Ph. digital insufficiencyOther contributory causes of importance: 97

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 _____, 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) S. B. Colton, M. D.(Address) Carthage, Mo

Every name or 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.

