

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

Do not use this space.

30039

1. PLACE OF DEATH

County Livingston Registration District No. 508
Township _____ Primary Registration District No. 3226
City Chillicothe (No. _____) St. _____ Ward _____

File No. _____
Registered No. 127
St. _____ Ward _____

2. FULL NAME

(a) Residence No. Hospital St. _____ Ward _____
(Usual place of abode) Beckenridge Mo.
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred _____ yrs. mos. 5 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 (with the word) widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25/1859
7. AGE YEARS 75 MONTHS 11 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasco Iowa

13. NAME George Meneely

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Allen Looney MD Beckenridge Mo

18. BURIAL CREMATION, OR REMOVAL PLACE Base Hill DATE Sept 22 35

19. UNDERTAKER (ADDRESS) McBick & Son Beckenridge Mo

20. FILED Sept 20 1935 Blount Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1935

22. I HEREBY CERTIFY, THAT I attended deceased from Sept 16 1935 to Sept 20 1935
I last saw him alive on 19th Sept 1935 Death is said to have occurred on the date stated above, at 6 A.M.
The principal cause of death and related causes of importance were as follows:

Septic Pneumonia Date of onset 9-17-35
Basal Skull Fracture 9-13-35
Fracture Cerebral Vessel 9-13-35

Other contributory causes of importance: Arteriosclerosis 1930

Name of operation _____ 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? Accident Date of injury 9-15-35
Where did injury occur? Caldwell Co Highway #36
(Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Struck by freight truck
Nature of injury Basal Skull Fracture Fracture

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

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

