

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.

30404

File No. _____
Registered No. 45- _____
St. _____ Ward _____

Oct 28 1935

1. PLACE OF DEATH
 County Putnam Registration District No. 718
 Township Wilson Primary Registration District No. 5948
 City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME James Daily
 (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

3. SEX M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Josephine Daily		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1859		
7. AGE YEARS 76	MONTHS 2	DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	
	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) 18 years	
11. Total time (years) spent in this occupation 40		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co. MO.		
FATHER	13. NAME Dennis Daily	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland	
MOTHER	15. MAIDEN NAME Anne O'Donnell	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland	
17. INFORMANT (ADDRESS) Edna Daily		
18. BURIAL, CREMATION, OR REMOVAL PLACE LEMONS, MO. DATE Sept. 7, 1935		
19. UNDERTAKER (ADDRESS) J. M. Rodson, Lemons, Mo.		
20. FILED Sept 6, 1935 W. W. Gilliam Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1936, to Sept 5, 1935. I last saw him alive on Sept 4, 1935. Death is said to have occurred on the date stated above, at 10:20 A.M. The principal cause of death and related causes of importance were as follows:
 Pleurisy with effusion (Septic)
 Date of onset 8/27/35

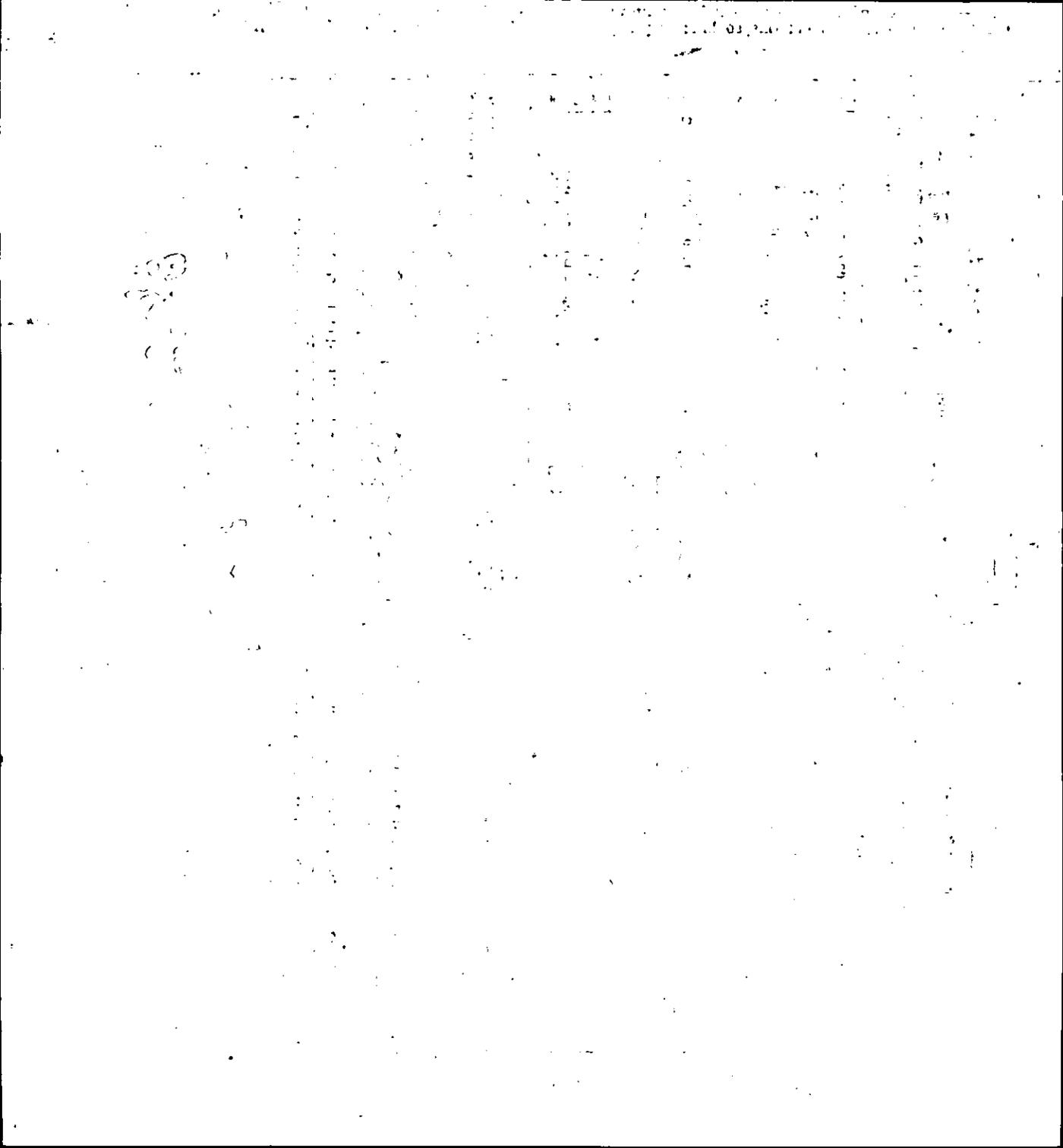
Other contributory causes of importance:
 General Arteriosclerosis with failure of Cardiac Compensation
 7/27/32 1932

Name of operation none 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? _____ 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? No
 If so, specify _____
 (Signed) Phyllis E. Cobb, M. D.
 (Address) Unionville Mo.



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

ALL INFORMATION CALL FOR MUST BE WRITTEN ON THIS CARD

1. PLACE OF DEATH

County Putnam
 Township Wilson
 City (No. _____) _____ St. _____ Ward _____

Registration District No. _____
 Primary Registration District No. _____

File No. _____
 Registered No. 45

2. FULL NAME

James Daily

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22, 1894
 7. AGE YEARS 26 MONTHS 2 DAYS 3
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
 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 40

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5, 1925
 22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1925, to _____, 19____
 I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Pleurisy with effusion believed tuberculous. Pleura primarily infected.
 Date of onset _____
 Other contributory causes of importance:
General Arterio Sclerosis with failure of Myocardial degeneration
 Name of operation _____ Date of _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Mo
 13. NAME James Daily
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER 15. MAIDEN NAME Anna O'Donnell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

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.

17. INFORMANT (ADDRESS) Edna Daily Farmers, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Farmers Mo DATE Sept 7, 1925

Manner of injury _____
 Nature of injury _____

19. UNDERTAKER (ADDRESS) J. M. Jackson Farmers Mo
 20. FILED Sept 6, 1925 J. W. Galloway Registrar

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) B. E. Cobb, M. D.
 (Address) Unionville

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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