

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.

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

Do not use this space.

OCT 28 1935

33619

1. PLACE OF DEATH

County Rolla
Township Rolla
City Rolla (No.)

Registration District No. 677
Primary Registration District No. 4403

File No.
Registered No. 99
St. Ward

2. FULL NAME

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 15 - 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. De Grand

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1935, to Oct. 15, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 1 1869

I last saw h. l. y. r. alive on Oct. 15, 1935. Death is said to have occurred on the date stated above, at 2:00 A. m.

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min. 65 - 14

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

Pulmonary Embolus.

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

Other contributory causes of importance: Fracture of the femur

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Mo

13. NAME Dr. J. H. Knowlton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME Nancy M. Mellins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. J. D. De Grand

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS)

19. UNDERTAKER (ADDRESS)

20. FILED Oct 15 1935

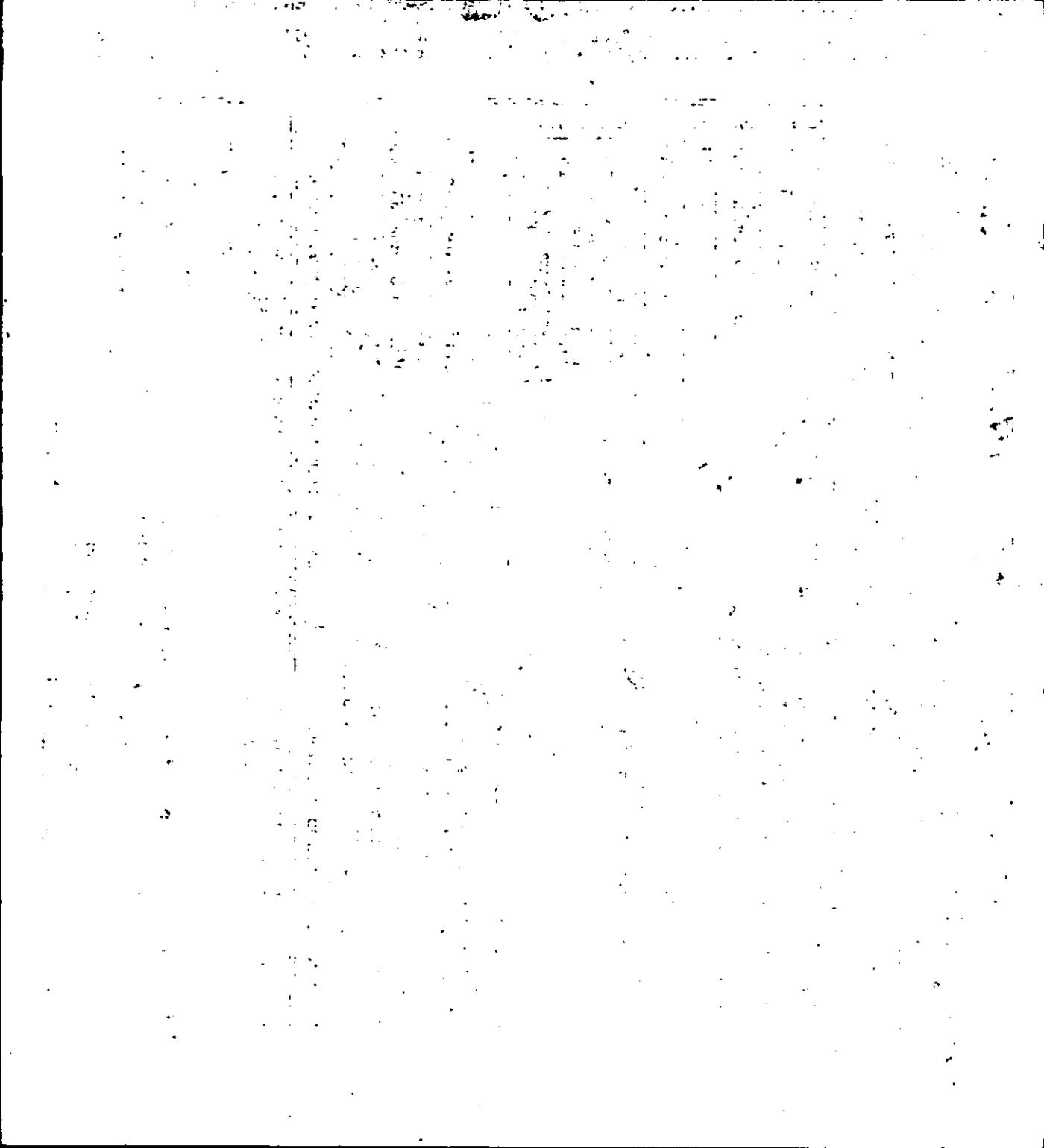
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) Dr. J. H. Knowlton, M. D.
(Address) Rolla, Mo.

20. FILED Oct 15 1935 Registrar.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY

1. PLACE OF DEATH

County Phelps
Township Pallay
City Pallay (No.)

Registration District No. 677
Primary Registration District No. 4403

File No.
Registered No.
St. Ward)

2. FULL NAME

(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) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min. 65 14

8. Trade, profession, or particular occupation of deceased (farmer, laborer, bookkeeper, etc.)

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) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Dec. 17, 1935 Jos. F. Ayers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
I first 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:

Pulmonary Embolism Date of onset

Other contributory causes of importance:

Fracture of femur

Name of occupation occupant of car 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? accident Date of injury 9-28, 1935

Where did injury occur? Highway 19 - F.M.K. road, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On public highway

Manner of injury fracture of upper
Nature of injury fracture of femur

24. Was death or injury in any way related to occupation of deceased?

If so, specify: fracture of femur

(Signed) McFarland, M. D.
(Address) Pallay

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.

SUPPLEMENTARY

61988-5