

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.

NOV 27 1935

33756

1. PLACE OF DEATH

County St Charles
Township Gardener
City Hamburg (No.)

Registration District No. 760
Primary Registration District No. 6001

File No. 39
Registered No. 39 Ward

2. FULL NAME

Michael Daniels

(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

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widower

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

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

1849-3-6

7. AGE

86

YEARS

MONTHS

7

DAYS

6

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)

1930

11. Total time (years) spent in this occupation

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

St Charles

FATHER

13. NAME

Michael Daniels

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

Lumsburg

MOTHER

15. MAIDEN NAME

Not known

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

New Orleans

17. INFORMANT (ADDRESS)

Mrs James Sutton

18. BURIAL, CREMATION, OR REMOVAL

PLACE Heldon Spring DATE Oct 13, 1935

19. UNDERTAKER (ADDRESS)

Marion Muschay
Hamburg

20. FILED

10/16, 1935 W. C. Caldwell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from FEBRUARY 6, 1935, to OCTOBER 11, 1935

I last saw him alive on OCTOBER 11TH, 1935. Death is said to have occurred on the date stated above, at 11 A.M.

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

Date of onset

ANGINA PECTORIS
DUE TO CORONARY THROMBOSIS

10/10/35

Other contributory causes of importance:

ARTERIO-SCLEROSIS

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) Otto B. Doh, M. D.

(Address) Diance Mo.

