

DEC 18 1935

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

Do not use this space.

35639

## 1. PLACE OF DEATH

County St. Louis Registration District No. 266  
Township Spring Creek Primary Registration District No. 5-378  
City (No. ....) St. .... Ward (No. ....) Ward

## 2. FULL NAME

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>D. K.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>D. K.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1867</u>		
7. AGE	YEARS	MONTHS
	<u>68</u>	
		DAYS
		If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	11. Total time (years) spent in this occupation.
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
D. K.13. NAME  
D. K.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
D. K.15. MAIDEN NAME  
D. K.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
D. K.17. INFORMANT (ADDRESS)  
Mrs. Dulworth  
Salmon, Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Cedar Grove DATE Nov 12 193519. UNDERTAKER (ADDRESS)  
N. D. Johnson  
Salmon, Mo.20. FILED 11/18/1935 St. C. Rindler, W. H.  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11 193522. I HEREBY CERTIFY, That I attended deceased from June 30 1935 to Oct 15 1935I last saw him alive on Oct 15 1935 Death is saidto have occurred on the date stated above, at 6:00 P.M.

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

Chronic Nephritis Date of onset June 1935Other contributory causes of importance: Influenza Feb '35Name of operation None Date of ✓What test confirmed diagnosis? Atk. Supp. 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 ✓, 1935Where 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? NoIf so, specify ✓(Signed) J. P. Dillon M. D.(Address) Salmon, Missouri

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.

WHITE PRINTED WITH UNFADING INK—THIS IS A PERMANENT RECORD

