

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

Do not use this space.

DEC 19 1935

1. PLACE OF DEATH

County *Thianguippi*
Township *Lynchburg*
City *Grass Lake*

Registration District No. *576*
Primary Registration District No. *5762*

File No. *36742*
Registered No. *147*
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ County *Linn* St. _____ Ward _____

(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *10* yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Don't know</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Near 1865</i>		
7. AGE YEARS <i>Near 70</i>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Carpenter</i>		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) <i>Don't know</i>
MOTHER / FATHER
13. NAME <i>Unknown</i>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>
15. MAIDEN NAME <i>Unknown</i>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>
17. INFORMANT <i>Albert Jact Charleston Mo.</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary Cemetery</i> DATE <i>Nov. 26 1935</i>
19. UNDERTAKER (ADDRESS) <i>Frank Linn Funeral Home Charleston Mo.</i>
20. FILED <i>Nov 26th 1935</i> <i>F. S. Vernon</i> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 25 1935*

22. I HEREBY CERTIFY, That I attended deceased from *July 10th 1932* to *Nov. 25 1935*
Last saw him alive on *Nov 24th 1935* Death is said to have occurred on the date stated above, at *6:30 p.m.*

The principal cause of death and related causes of importance were as follows:
Metastatic Insufficiency
Chronic Nephritis

Date of onset _____

Name of operation _____ Date of _____

What test confirmed diagnosis? *Autopsy* 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? *No*
If so, specify _____
(Signed) *Frank S. Vernon*, M. D.
(Address) *Charleston 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.

