

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.

DEC 20 1935

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

Do not use this space.

38222

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall

Registration District No. 796
Primary Registration District No. 3038
No. Mo. State School

File No. _____
Registered No. 170
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Mo. State School Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 22 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27, 1894

7. AGE YEARS 40 MONTHS 1 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Rockport (STATE OR COUNTRY) Mo.

13. NAME Samuel H. Again

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

15. MAIDEN NAME Elizabeth McPherson

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

17. INFORMANT School Records (ADDRESS) Marshall, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia, Mo. DATE Nov. 17, 1935

19. UNDERTAKER Parker Furniture Co. (ADDRESS) Columbia, Mo.

20. FILED X 16, 1935 Heleyn Weston Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1934 to Nov. 15, 1935

I last saw him alive on Nov. 15, 1935 Death is said

to have occurred on the date stated above, at 3:45 p.m.

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

Bronchopneumonia Date of onset _____

Other contributory causes of importance: 10

Name of operation _____ 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) H. H. Maples M. D.

(Address) Marshall Mo

