

## MISSOURI STATE BOARD OF HEALTH

Do not use this space.

JAN 13 1936

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

42114

## 1. PLACE OF DEATH

County Saline  
Township Miami  
City MiamiRegistration District No. 797  
Primary Registration District No. 4477File No. 42114  
Registered No. 28  
St. \_\_\_\_\_ Ward)

## 2. FULL NAME

Forrest Richardson McDaniel(a) Residence, No. Miami MO St. \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 32 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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR WIDOW OF) Willie Crook6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7<sup>th</sup> 18977. AGE YEARS 38 MONTHS 7 DAYS 22 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

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) Saline County MO (STATE OR COUNTRY)13. NAME John H. McDaniel14. BIRTHPLACE (CITY OR TOWN) Saline County MO (STATE OR COUNTRY)15. MAIDEN NAME Clara Rucker16. BIRTHPLACE (CITY OR TOWN) Howard County MO (STATE OR COUNTRY)17. INFORMANT Vernon McDaniel (ADDRESS) Miami MO18. BURIAL, CREMATION, OR REMOVAL PLACE Miami MO DATE Jan 10<sup>th</sup> 193619. UNDERTAKER George Wilson (ADDRESS) Miami MO20. FILED 12-31 1935 Mrs. Aubrey Naylor Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 193522. I HEREBY CERTIFY That I attended deceased from only one visit - Dec 29, 1935I last saw him alive on Dec. 29, 1935. Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Date of onset

Angina PectorisOther contributory causes of importance: AW

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? NO

If so, specify \_\_\_\_\_

(Signed) H. D. Brady \_\_\_\_\_, M. D.(Address) Miami Dec 29

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.

