

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

Do not use this space.

2470

1. PLACE OF DEATH **Rolla, Mo.**
 County **Phelps** Registration District No. **677**
 Township **Rolla** Primary Registration District No. **4403**
 City **Rolla, Mo. 4th & Reel** St. _____ Ward _____
 2. FULL NAME **Earnest Daddy**
 (a) Residence, No. **4th & Reel** 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, OR DIVORCED **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF **Alice**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 13 1912**
 7. AGE YEARS **23** MONTHS **11** DAYS **25** If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Shoe Factory**
 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) **Success** (STATE OR COUNTRY) **Mo**

FATHER 13. NAME **Callaway Daddy**
 14. BIRTHPLACE (CITY OR TOWN) **Texas Co** (STATE OR COUNTRY) **Mo**

MOTHER 15. MAIDEN NAME **Sarah E. See**
 16. BIRTHPLACE (CITY OR TOWN) **Indiana** (STATE OR COUNTRY) **Ind**

17. INFORMANT **Dad. Daddy** (ADDRESS) **Reel Mo**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Reel** DATE **Jan 10 1936**

19. UNDERTAKER **J. J. ...** (ADDRESS) **Reel Mo**

20. FILED **Jan 10 1936** **Jos. F. Ayers** Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 9 1936**
 22. I HEREBY CERTIFY, That I attended deceased from **1-6** , 1936, to **1-8** , 1936
 I last saw h. in alive on **1-8** , 1936 Death is said to have occurred on the date stated above, at **6:15 pm** .
 The principal cause of death and related causes of importance were as follows:

Cerebro-spinal meningitis

Other contributory causes of importance:
M.B.

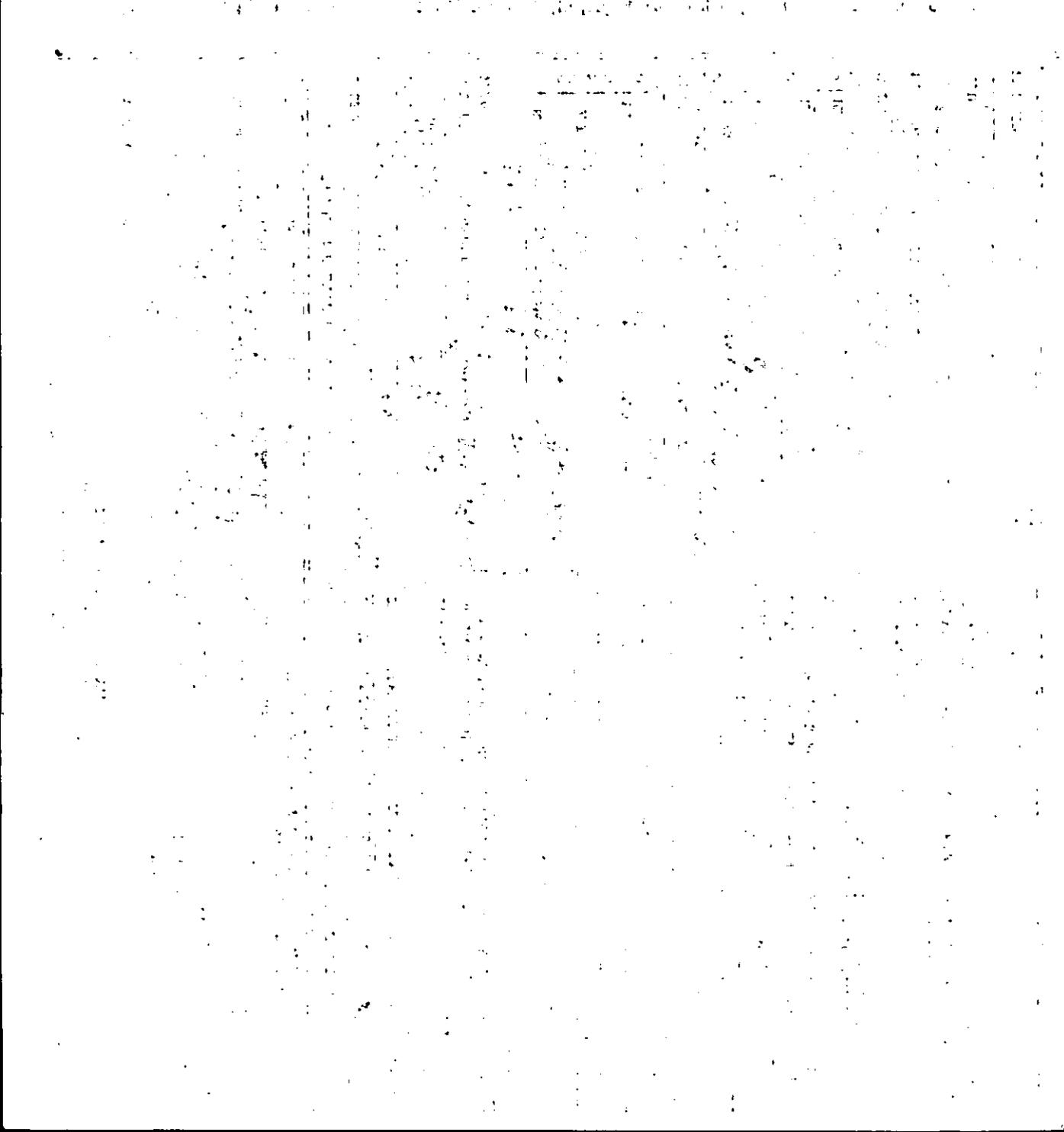
Name of operation _____ Date of _____
 What test confirmed diagnosis? **Sub** Was there an autopsy? _____

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) **E. E. F. J. ...** , M. D.
 (Address) **Rolla, Mo.**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



THE STATE BOARD OF HEALTH LABORATORIES
JEFFERSON CITY, MISSOURI

JAMES STEWART, M. D.
State Health Commissioner.

5-1
JAN 10 1936

MISCELLANEOUS EXAMINATION

Patient's Name *Frank H. [unclear]*

Dr. *B. B. [unclear]*
Physician's Name

W. [unclear] MISSOURI.
Physician's Address

Source of Specimen

Clinical diagnosis *Meningitis*

If you wish telegraphic report at your expense,
check here and mail specimen at letter rates.

Physician to fill in above this line.

Laboratory findings *Part of [unclear]*

No organisms found

R. L. LAYBOURN,
Chief of Laboratories.

2470

A RELIABLE LABORATORY REPORT DEPENDS PRIMARILY UPON CARE
IN THE COLLECTION AND SHIPMENT OF THE SPECIMEN:

SUGGESTIONS FOR THE COLLECTION OF SPECIMENS.

1. The manner in which the specimen is collected and the condition in which it reaches the laboratory govern the reliability of a laboratory report.
2. Representative specimens, collected under aseptic conditions, in sterile containers, and submitted as soon as possible after collection, are essential.
3. Specimens should be well packed to prevent breakage.

POSTAGE RATES REQUIRED ON SPECIMENS.

Specimens may be mailed at parcel post rates, if only the information called for on the opposite side of this blank is given. If telegram is requested, or additional information placed on the blank, letter postage will be required.

THE STATE BOARD OF HEALTH LABORATORIES ARE MAINTAINED FOR
YOUR ASSISTANCE IN THE DIAGNOSIS OF COMMUNICABLE DISEASES.

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

Do not use this space.

1. PLACE OF DEATH

County Phelps

Registration District No. 677

File No.

Township

Primary Registration District No. 4403

Registered No.

City Ralls (No.)

St. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mins. 23 11 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED March 12, 1936 Joe F. Ayers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Acute spinal meningitis
not epidemic

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (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) E. E. Feind, M. D.

(Address) Ralls mo

SUPPLEMENT

AAB

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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