

MAR 16 1936

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

Do not use this space.

4454

1. PLACE OF DEATH

County AndrewRegistration District No. 912

File No. _____

Township _____

Primary Registration District No. 4550Registered No. 9City Vandalia (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE; MARRIED, WIDOWED, OR DIVORCED (write the word) widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Archie McPike6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-3-18577. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 78 3 58. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Retired Farmer

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) Pike Co Mo13. NAME Archie McPike14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Ky15. MAIDEN NAME Sarah Pritchett16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky17. INFORMANT Mrs C. H. Daniel, Jr. (ADDRESS) Vandalia, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Vandalia DATE 2-12-3619. UNDERTAKER Clark & Co Undertaker (ADDRESS) Vandalia, Mo.20. FILED 2/11 1936 Archie J. Utterback Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10-193622. I HEREBY CERTIFY that I attended deceased from Jan 1935 to Feb 10 1936. I last saw him alive on Feb 10 1936 at 5:45 p.m. Death is said to have occurred on the date stated above, at _____.

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

Brauche Pneumonia 2/7/36
1070

Other contributory causes of importance:

Chronic Bronchitis 10 yrs

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) Archie Daniel M. D.(Address) Vandalia Mo

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.

WRITE PLAINLY, WITH IMPROVED INSTRUMENTS

