

MAR 18 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

5305

1. PLACE OF DEATH

County DunklinRegistration District No. 284Township HolcombPrimary Registration District No. 542415

City _____ (No. _____)

File No. _____

Registered 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 <u>M.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1932

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>3</u>	<u>11</u>	<u>8</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Farmer</u>
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Holcomb Mo.
(STATE OR COUNTRY)13. NAME Johnnie V. Anderson14. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)15. MAIDEN NAME Nettie McKay16. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)17. INFORMANT Mildred Anderson
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pine City Mo. DATE 2-29-3619. UNDERTAKER Lintz and today co.
(ADDRESS) 8 Kenneth Way20. FILED 3-10-36 J. Anderson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28-36

22. I HEREBY CERTIFY, That I attended deceased from

2-10-36, to 2-28-36I last saw him alive on 2-26-36, 1936 Death is saidto have occurred on the date stated above, at 11 A. M.

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

Pneumonia Lobar

Date of onset

Other contributory causes of importance:

Influenza

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 _____, 1936

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) John B. Beck, M. D.(Address) Holcomb 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.

