

APR 17 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

10103

1. PLACE OF DEATH

County GentryRegistration District No. 309Township HowardPrimary Registration District No. 5434City Howard

File No. _____

Registered No. 25

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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Howard6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13 / 1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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) Michigan13. NAME Richard Davidson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known15. MAIDEN NAME Smalley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known17. INFORMANT (ADDRESS) Dr. Brown

18. BURIAL, CREMATION, OR REMOVAL

PLACE MillerDATE 3/23

1936

19. UNDERTAKER (ADDRESS) Brown Bros20. FILED Mar 24 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 193622. I HEREBY CERTIFY, That I attended deceased from March 21, 1936 to March 22, 1936I last saw him alive on March 21, 1936 Death is saidto have occurred on the date stated above, at 6 A.M.

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

diabetic coma

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 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) A. J. Long

, M. D.

(Address) Sherridan, Mo

