

AUG 15 1936

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

Do not use this space.

11315-1

## 1. PLACE OF DEATH

County Laclede  
Township Franklin  
City Competitia (No mo)

Registration District No. 952  
Primary Registration District No. 5617

File No. ....  
Registered No. ....  
St. .... Ward)

## 2. FULL NAME

(a) Residence, No. Competitia Mo Ward.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22, 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
64 2 10

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

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) Ohio

13. NAME Daniel H. Mead

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

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

17. INFORMANT Ernie Blackwell (ADDRESS) Competitia

18. BURIAL, CREMATION, OR REMOVAL PLACE Parter DATE March 4, 1936

19. UNDERTAKER W. G. Holman (ADDRESS) Laborer, Mo.

20. FILED July 30, 1936 Mrs. Vida Lambert Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-2-1936

22. I HEREBY CERTIFY, That I attended deceased from

8-2-, 1936, to 8-2-, 1936

I last saw him alive on 8-2-, 1936. Death is said

to have occurred on the date stated above, at 4:30 p.m.

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

Cerebral Hemorrhage Date of onset 8-2-36

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .....

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) W. G. Hamilton, M. D.

(Address) Laborer, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH, in terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

