

APR 21 1936

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

Do not use this space.

11384

1. PLACE OF DEATH

County Lauderdale
Township Casey
City Pine City No. _____

Registration District No. 471
Primary Registration District No. 4284

File No. II
Registered No. 45-
St. _____ Ward _____

2. FULL NAME

John David McKinley Case

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lavinia Case</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 11 1895</u>		
7. AGE YEARS <u>86</u>	MONTHS <u>3</u>	DAYS <u>11</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmers</u>
	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) Roxie

MOTHER / FATHER 13. NAME Thomas Case

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

15. MAIDEN NAME X

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

17. INFORMANT Miss Clara Case (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 3-12-36

19. UNDERTAKER (ADDRESS) Wilson & Co Pine City Mo

20. FILED Mar 14 1936 E. B. Wright Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/11 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-26 36, 1936, to 3-11-36, 1936. I last saw him alive on 3-11-36, 1936. Death is said to have occurred on the date stated above, at 5:30 P.

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

Date of onset

Broncho-Pneumonia 3/11/36

1/26

Other contributory causes of importance: suppuration 3/9/36
Septicemia

Name of operation none Date of _____
What test confirmed diagnosis? Phys 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) H. Ross Clark, M. D.
(Address) Pine City, 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.

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