

APR 22 1936

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

Do not use this space.

11741

1. PLACE OF DEATH

County Newton Registration District No. 609
Township North Primary Registration District No. 4363
City North (No. State Hospital) St. _____ Ward _____

File No. _____

Registered No. 29

2. FULL NAME

(a) Residence, No. Forecord RRT 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 Male 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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1918

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
18 7 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Franklin Mo13. NAME Will Long14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berry Co Mo15. MAIDEN NAME Florence Baker16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berry Co Mo17. INFORMANT (ADDRESS) Forecord Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Franklin Mo DATE 3/2 193619. UNDERTAKER (ADDRESS) Shelloway Monett Mo20. FILED 3-1 1936 Onalaska, Mo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 193622. I HEREBY CERTIFY, That I attended deceased from Feb 27 1936, to March 1 1936I last saw him alive on March 1 1936 Death is saidto have occurred on the date stated above, at 7 a.m.

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

Peritonitis (General) Date of onset _____
Peritonitis (General) 2/27/36

Other contributory causes of importance gangrene offensiveName of operation Affluentectomy Date of 2/27/36What test confirmed diagnosis? _____ Was there an autopsy? No

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

Accident, suicide, or homicide? No Date of injury _____, 19____Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Onalaska _____, M. D.(Address) North Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

