

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 27 1936

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

Do not use this space.

1. PLACE OF DEATH

County Shannon Registration District No. 875
Township Washington Primary Registration District No. 6162
City (No.) St. Ward)

File No. 13819
Registered No. 69

2. FULL NAME James Teague

(a) Residence, No. State Hospital # 3 St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 yrs. 3 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1930, to Mar. 11, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1909

I last saw him alive on 11 st., 1936 Death is said to have occurred on the date stated above, at 9:45 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 26 9 21

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

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

Pulmonary tuberculosis Date of onset July 1935

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

Other contributory causes of importance: Tubercular pneumonia Feb. 1936

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reed Spring Mo.

13. NAME James Teague

Name of operation none Date of —
What test confirmed diagnosis? clinical Was there an autopsy? no

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

15. MAIDEN NAME Alice Styles

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

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

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) James Teague Reed Spring Mo.

Manner of injury
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Reed Springs, Mo DATE 3-13-36

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

19. UNDERTAKER (ADDRESS) Transit Terminal Home Nevada Mo

(Signed) J. T. Dell, M. D.
(Address) State Hospital

20. FILED Mar. 10, 1936 M. Eichinger Registrar.

