

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

Do not use this space.

JUN 17 1936

1. PLACE OF DEATH

County Chicago
Township W. 12th
City Chicago

Registration District No. 1061
Primary Registration District No. 5385

File No. 14689

Registered No. 14689 St. Chicago Ward 1

2. FULL NAME

(a) Residence, No. Chicago St. Chicago Ward 1

(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. 7 mos. 21 ds. How long in U. S., if of foreign birth? 13 yrs. 7 mos. 21 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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 14 - 1922</u>		
7. AGE YEARS <u>13</u>	MONTHS <u>7</u>	DAYS <u>21</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>Child</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) Douglas Co
(STATE OR COUNTRY) Missouri

13. NAME Dave Dathura

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

15. MAIDEN NAME Myrtle Morris

16. BIRTHPLACE (CITY OR TOWN) Not known
(STATE OR COUNTRY)

17. INFORMANT C. H. Roy
(ADDRESS) Manassas 142502

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grave DATE Apr 5 1936

19. UNDERTAKER F. C. Steff
(ADDRESS) Manassas Mo

20. FILED June 6 1936 U. S. McClite
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 5 1936 to Apr 5 1936.
I last saw him alive on Apr 5 1936. Death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

Acute nephritis

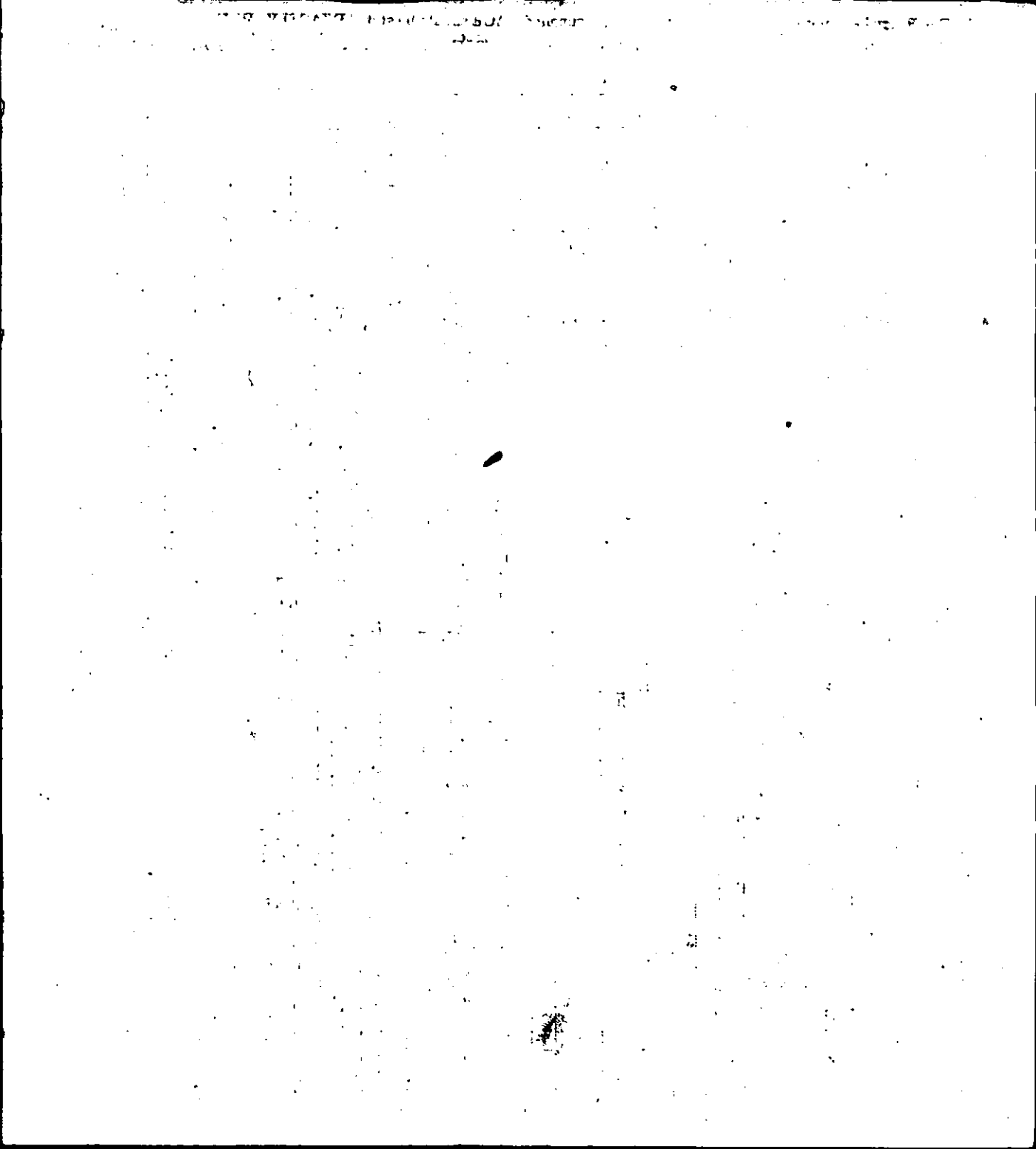
Other contributory causes of importance: 130

Name of operation 130 Date of 130
What test confirmed diagnosis? 130 Was there an autopsy? 130

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 130 Date of injury 130
Where did injury occur? 130 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 130
Nature of injury 130

24. Was disease or injury in any way related to occupation of deceased?
If so, specify 130
(Signed) J. H. Roy M. D.
(Address) Manassas Mo



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1. PLACE OF DEATH

County Douglas

Registration District No. 1061

Township

Primary Registration District No. 5385

City

(No.)

File No. 14689

Registered No.

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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 8 (Write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
13 7 21

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) Total time (years) spent in this occupation

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED June 19 U.S. McElite Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 5, 19 36

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Acute Nephritis
Unknown Cause

Date of onset 3 or 4 days

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) J. P. Larson, M. D.

(Address) monsfield 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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