

MAY 28 1936

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

Do not use this space.

18332

1. PLACE OF DEATH

County Vernon
Township Washington
City Washington

Registration District No. 875
Primary Registration District No. 6162

File No.
Registered No. 111
St. Ward)

2. FULL NAME

(a) Residence, No. State Hospital # 7 St. Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 2 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 4, 1861</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>2</u>
	DAYS <u>19</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>Farming</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>7</u>	
	10. Date deceased last worked at this occupation (month and year) <u>7</u>	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
MOTHER	13. NAME <u>Wm. Sharples</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. C.</u>	
	15. MAIDEN NAME <u>Annoy Strong</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>W. Sharples, Barrett</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Wassell's Mo.</u> DATE <u>April 12 1936</u>		
19. UNDERTAKER <u>W. F. Kiddell</u>		
(ADDRESS)		
20. FILED <u>April 12 36 M. Eubinger</u>		
(ADDRESS)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 12 1936

22. I HEREBY CERTIFY, THAT I attended deceased from Jan. 23 1934 to Apr. 12 1936

I last saw him alive on 11 11 1936 Death is said to have occurred on the date stated above, at 7 P. m.

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

Arteriosclerosis with gangrene (severe) 2 months

98%

Other contributory causes of importance:

Myocardial insufficiency ?

Name of operation amputation - 4 m. below knee Date of April 25

What test confirmed diagnosis? Clinical 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 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? No

If so, specify

(Signed) W. F. Kiddell, M. D.

(Address) Nevada 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.

Handwritten text, possibly a signature or name, oriented vertically on the left side of the page.