

WHITE 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.

MAY 28 1936

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

Do not use this space.

1. PLACE OF DEATH

County Vernon  
Township Washington  
City (No. ....) (No. ....)

Registration District No. 875  
Primary Registration District No. 6762

File No. 21771  
Registered No. 139  
St. .... Ward)

2. FULL NAME Bud Dean

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
49 2 22

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) Nevada, (STATE OR COUNTRY) Missouri

13. NAME Charles Dean

14. BIRTHPLACE (CITY OR TOWN) Nevada, (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Isla May Monroe

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

17. INFORMANT John Keithley (ADDRESS) Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch DATE May 6, 1936

19. UNDERTAKER Ferry Funeral Home (ADDRESS) Nevada, Mo.

20. FILED 5-5 1936 M. O'Rourke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1936, to May 4, 1936. I last saw him alive on May 4, 1936. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Influenza

Date of onset 4/29 1936

Other contributory causes of importance NO

Name of operation none Date of .....

What test confirmed diagnosis? Physical Exam (Specify if 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) E. H. Grov, M. D.

(Address) Nevada, Mo.

