

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.

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

Do not use this space.

JUL 25 1936

23862

1. PLACE OF DEATH

County Phelps Registration District No. 677
Township Rolla Primary Registration District No. 4403
City Rolla (No. Rolla Hospital) St. _____ Ward _____

File No. _____
Registered No. 78

2. FULL NAME

(a) Residence, No. Viday mo St., _____ Ward _____
(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1936 to June 29, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 21, 1933

I last saw him alive on June 29, 1936 Death is said to have occurred on the date stated above, at 10:45 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 3 8

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. Same

Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Non specific meningitis due to intestinal inflammation.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: _____

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

Name of operation _____ Date of _____

13. NAME James Huskey

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

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

15. MAIDEN NAME Melva Brown

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

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

17. INFORMANT (ADDRESS) James Huskey Vida mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wood Creek DATE June 30, 36

19. UNDERTAKER (ADDRESS) Full St. Rolla mo

20. FILED June 30, 1936 J. O. C. Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) W. J. McDaniel, M. D. (Address) Rolla mo

