

2 o'clock

OCT 2 1936

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

Do not use this space.

25184-a

1. PLACE OF DEATH

County Scotland Registration District No. 810
Township Union Primary Registration District No. 6056
City (No. St. Ward)

2. FULL NAME

Francis Marion Aylward

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 male 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 Carrarissa Ellen Aylward

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 4 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 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) (STATE OR COUNTRY) Scotland Co.

13. NAME John Aylward

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

15. MAIDEN NAME not known

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

17. INFORMANT Jess Aylward
(ADDRESS) Memphis, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Brook Cemetery DATE 6/5/1936

19. UNDERTAKER J. W. Agnew & Sons
(ADDRESS) Memphis, Mo

20. FILED AUG 12 1936 C. E. Garrison

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1936

22. I HEREBY CERTIFY That I attended deceased from May 24, 1936 to June 3, 1936

I last saw him alive on July 3, 1936. Death is said to have occurred on the date stated above, at 5 p. m.

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

Lobar Pneumonia Date of onset

Other contributory causes of importance:
could be controlled by layings drift

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 James Aylward, M. D.
(Signed) (Address) Memphis 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.

WRITE PLAINLY, WITH CAPITAL LETTERS—THIS IS A PERMANENT RECORD

