

AUG 20 1936

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

Do not use this space.

26398

1. PLACE OF DEATH

County Hopwood Registration District No. 379
Township Chariton Primary Registration District No. 4223
City Glasgow (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

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 1 yrs. 11 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (write name of) Anna Hatten

22. I HEREBY CERTIFY, That I attended deceased from _____, 1936, to July 15, 1936. I last saw h. alive on July 15, 1936. Death is said to have occurred on the date stated above, at 14 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1887
7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min. 49 - 2

The principal cause of death and related causes of importance were as follows:
Malignancy Recur Date of onset 4/6/

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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 _____

Other contributory causes of importance: _____

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

MOTHER 13. NAME Richard Jones

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

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

MOTHER 15. MAIDEN NAME May Raymond

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.

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

17. INFORMANT (ADDRESS) Richard Jones

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Glasgow Mo DATE July 16, 1936

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) _____, M. D.
(Address) Glasgow Mo

19. UNDERTAKER (ADDRESS) Walker Quinsley

20. FILED July 16 1936 J. W. Hardner Registrar

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.

