

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

Do not use this space.
29616

AUG 31 1936

23330

1. PLACE OF DEATH

County Union
Township Wynona
City Wynona (No. _____)

Registration District No. 872
Primary Registration District No. 61569

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Jarah Ann McDaniel

(a) Residence, No. Nebraska, 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas K. B. McDaniel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3 - 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
91 3 18

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

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) Warrensburg Missouri

13. NAME Joseph Bidmore

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

15. MAIDEN NAME Lucy Long

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

17. INFORMANT Blanche Francis (ADDRESS) Nebraska, no St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Meigs Cemetery DATE July 20, 1936

19. UNDERTAKER Henry Subradal Home (ADDRESS) Nebraska, no St.

20. FILED July 24, 1936 Mrs. K. V. Earl Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from 7/15, 1936, to 7/21, 1936. I last saw a alive on 7/20, 1936. Death is said to have occurred on the date stated above, at 7 a. m.

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

Heat Exhaustion

Date of onset _____

Other contributory causes of importance:

Exhaustion from

Name of operation _____ Date of _____

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

23. If death was due to external causes (accident, suicide, or homicide), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1936. 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 _____

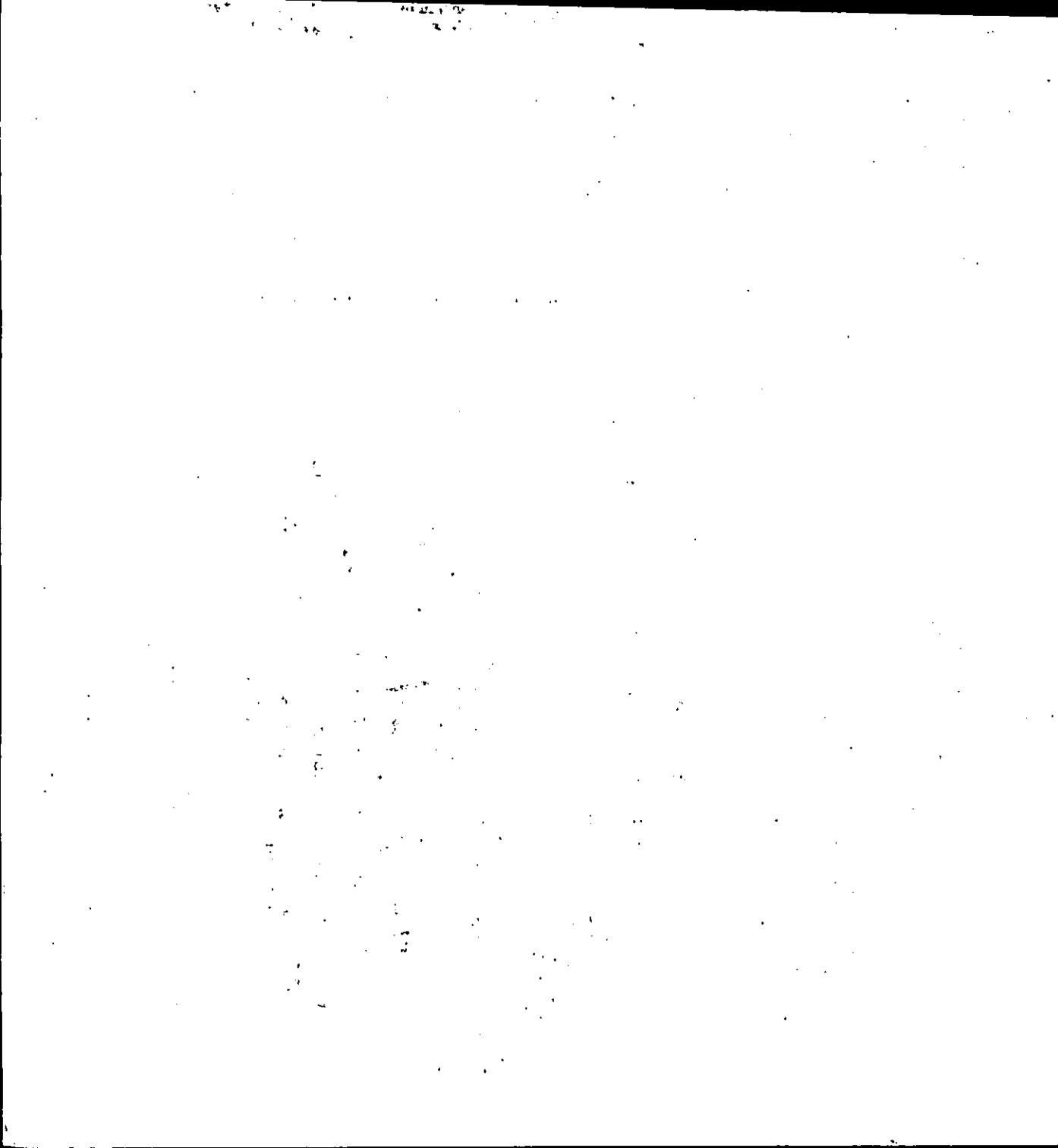
24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. M. Lytle, M. D.

(Address) Nebraska, no St.

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.



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1. PLACE OF DEATH

County Vernon
Township Orywood
City (No.) St. Ward)

Registration District No. 872
Primary Registration District No. 6156A

File No.
Registered No.

2. FULL NAME

Sarah Ann McDaniel

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

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

91 3 18

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED July 23 1936 Mrs R. G. Earl Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw him/her alive on, 19..... Death is said to have occurred on the date stated above, at..... m.

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

Fracture of femur

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide. Date of injury 7/7 36

Where did injury occur? Residence (Specify city or town, county, and State)

Specify whether injury occurred in industrial home, in public place, Home

Manner of injury Fall

Nature of injury Fractured femur

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. M. Gates, M. D.
(Address) Nevada Mo

SUPPLEMENT

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Age should be stated EXACTLY. PHYSICIANS should state

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AMIRALTIQUE