

SEP 1 1936

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

Do not use this space.

1. PLACE OF DEATH

County North
Township Allen
City William M. House (No.)

Registration District No. 905
Primary Registration District No. 6216

File No. 29700
Registered No.
St. Ward)

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 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 21, 1851

7. AGE YEARS 84 MONTHS 10 DAYS 11 If LESS than 1 day, hrs. or min.

OCCUPATION 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) (STATE OR COUNTRY) Illinois

13. NAME A. M. House

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

15. MAIDEN NAME Mary J. Garner

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

17. INFORMANT (ADDRESS) J. P. Brown

18. BURIAL, CREMATION, OR REMOVAL PLACE Allen DATE July 3, 1936

19. UNDERTAKER (ADDRESS) Brown Bros.

20. FILED Aug 3, 1936 Byron H. H. Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1936

22. I HEREBY CERTIFY That I attended deceased from June 20, 1936 to July 2, 1936
I last saw him alive on July 1, 1936 Death is said to have occurred on the date stated above, at 4:30 P. M.
The principal cause of death and related causes of importance were as follows:
Nephritis.

Date of onset 1930

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 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

(Signed) J. P. Brown M. D.

(Address) Allen

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATHCounty WashingtonRegistration District No. 905-Township AllenPrimary Registration District No. 6216City (No.)St. Ward **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 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)**m**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF****6. DATE OF BIRTH (MONTH, DAY, AND YEAR)****7. AGE**YEARS 84MONTHS 10DAYS 11

If LESS than day, mos. or

OCCUPATION

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)

FATHER

13. NAME**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

MOTHER

15. MAIDEN NAME**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)****17. INFORMANT (ADDRESS)****18. BURIAL, CREMATION, OR REMOVAL**PLACE DATE

19

19. UNDERTAKER (ADDRESS)**20. FILED**8-4, 1936 Byron A. Turner
Registrar.**21. DATE OF DEATH (MONTH, DAY, AND YEAR)**July 2, 1936**22. I HEREBY CERTIFY, that I attended deceased from**, 19 , to , 19 .I last saw him alive on , 19 . Death is saidto have occurred on the date stated above, at m.

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

nephritisDate of onset Chronic**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 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 (Signed) C. J. Ross

, M. D.

(Address) Grant Adams

29700

RECEIVED