

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

Do not use this space.

OCT 20 1936

33549

1. PLACE OF DEATH

County Andrew Registration District No. 26
Township Salt River Primary Registration District No. 3002
City Mexico mo (No. Andrew Hospital)

File No. _____
Registered No. 147 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Auxvasse mo
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1918
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 5 11

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-2, 1936
22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1936, to Sept 2, 1936
I last saw him alive on Sept 2, 1936 Death is said to have occurred on the date stated above, at 2:40 P.M.
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. Student
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 _____

Bandage failure as a result of septic pneumonia
Date of onset _____
Other contributory causes of importance: 108

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton, mo.
13. NAME T. L. Fox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thompson mo.
15. MAIDEN NAME Ollie Dunevant
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton mo.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

17. INFORMANT T. L. Fox (ADDRESS) Auxvasse mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Carmel DATE Sept 3, 1936

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. _____

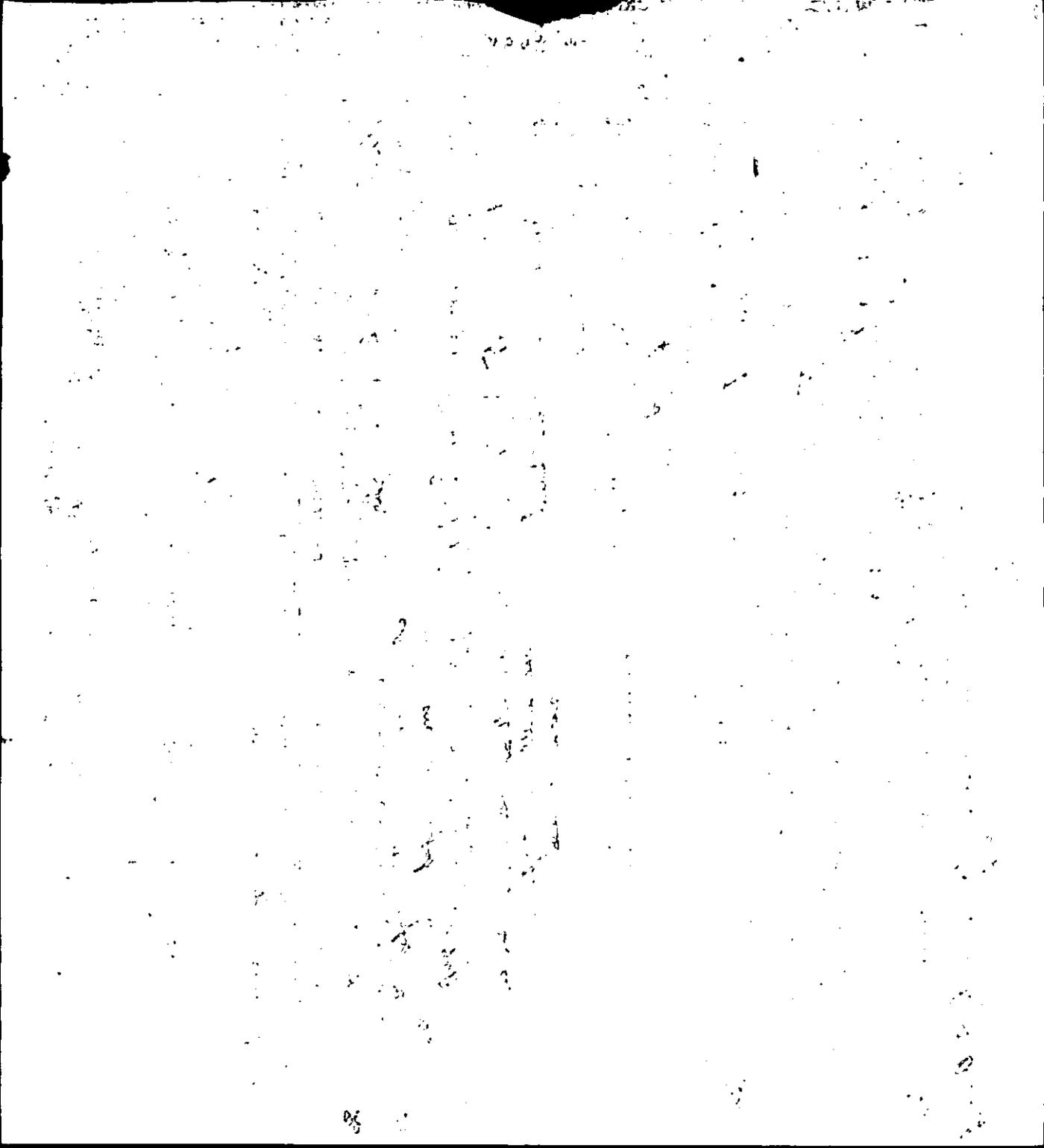
19. UNDERTAKER Hughes & Harpman (ADDRESS) Auxvasse mo.
20. FILED 9-2- 1936 Blanche Neely Registrar

Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Clarence A. Dunevant, D.O.
(Address) Auxvasse, Mo.

WRITE PLAINLY, WITH UNIFORMITY. THIS IS A PERMANENT RECORD

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 Andrain

Registration District No. 26

File No. _____

Township _____

Primary Registration District No. 3002

Registered No. 147

City Mexico (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

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

male white single

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

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

7. AGE

YEARS 18

MONTHS 5

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.

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 9-2, 1936 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-2, 1936

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

I last saw him _____, 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:

Cardiac failure as a result of septic pneumonia. Patient had now throat of a mild septic type. Pneumonia was of plain lobar type.

Date of onset _____

Other contributory causes of importance:

Any sepsis present was a result of a general sepsis.

Name of operation none 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 6, 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) Clarence Hurst M.D. (Address) Amoyess mo

SUBMITTED

N. B.—Every item of information should be carefully checked. A GE 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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