

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

Do not use this space.

SEP 28 1936

35199

1. PLACE OF DEATH

County Cathlamet Registration District No. _____
Township La Monte Primary Registration District No. _____
City La Monte (No. _____ St. _____ Ward _____)

File No. _____
Registered No. _____

2. FULL NAME

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

Length of residence in city or town where death occurred 1 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 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 Mable Andrews

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 1 18

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) Orcola Mo

FATHER 13. NAME Least Pearson

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

MOTHER 15. MAIDEN NAME Belle

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

17. INFORMANT Mable Andrews
(ADDRESS) La Monte Mo

18. BURIAL, CREATION, OR REMOVAL PLACE Forest Home DATE 9-15 1936

19. UNDERTAKER B. F. Johnson
(ADDRESS) La Monte Mo

20. FILED 9-14-36 B. F. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-13 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 - 1936 to Sept 13 1936
I last saw him alive on Sept 13 1936. 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:

Hemorrhage from self-cutting
but knew any thing else
about it. Suffered T.B. 1
course.

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Tuberc Was there an autopsy? No

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. E. Walker, M. D.

(Address) La Monte 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.

MAY 23 1946

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