

NOV 17 1936

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

Do not use this space.

36614

1. PLACE OF DEATH

County Barton Registration District No. 40
Township..... Primary Registration District No. 4024
City Lamar (No., St. Ward)

File No.

Registered No. 472. FULL NAME Abner Jackson Mynatt

(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 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 Josephine Mynatt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7th, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 2 7

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

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) Knox County Tennessee
(STATE OR COUNTRY)

13. NAME W. Hardin Mynatt

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

15. MAIDEN NAME Mary Shipe

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

17. INFORMANT Mrs Josephine Mynatt
(ADDRESS) Lamar, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Cemetery DATE 10/15, 1936

19. UNDERTAKER River Funeral Home
(ADDRESS) Lamar, Mo.

20. FILED 10/15 - 1936 Mrs. A. J. Mynatt
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14th, 1936

I HEREBY CERTIFY, That I attended deceased from June, 1934, to Oct 14th, 1936
I last saw him alive on Oct 14th, 1936 Death is said

to have occurred on the date stated above, at 7:45 a.m.
The principal cause of death and related causes of importance were as follows:

Uremia

Date of onset

Other contributory causes of importance

Chronic Cardiac - renal 14 yrs

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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? No
If so, specify.....

(Signed) James A. Atkins, M. D.

(Address) Lamar, 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.

