

WRITE PLAINLY, WITH UNFADING INK---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.

NOV 23 1936

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

Do not use this space.

37246

1. PLACE OF DEATH

County Ranklin

Registration District No. 292

File No.

Township Union

Primary Registration District No. 5804

Registered No. 61

City (No.) St. Ward (No.)

2. FULL NAME

(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 Male 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 76 1 21

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

13. NAME -

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

15. MAIDEN NAME -

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

17. INFANT (ADDRESS) Ford Lee Campbell Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Oct 8 1936

19. UNDERTAKER (ADDRESS) Linder & Son Campbell Mo

20. FILED 10/7 1936 C. W. Daniels Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1936 to Oct 3 1936

I last saw him alive on Oct 3 1936 Death is said to have occurred on the date stated above, at 11: P. m.

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

Chronic Hypertension

Other contributory causes of importance:

Name of operation none Date of no

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no

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 no

Nature of injury no

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

If so, specify

(Signed) M. L. Cone, M. D.

(Address) Campbell Mo

