

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

Do not use this space.

40263

FEB 1 1937

1. PLACE OF DEATH

County Albion
Township Tarkio
City Tarkio (No.)

Registration District No. 20
Primary Registration District No. 4014

File No.
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 7 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 7 - 1850

7. AGE YEARS 86 MONTHS 7 DAYS 19 If LESS than 1 day, hrs. or min.

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

13. NAME Rhodes Wiers

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

15. MAIDEN NAME Sally Lindstaff

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

17. INFORMANT Al Wiers

18. BURIAL, CREMATION, OR REMOVAL PLACE Tarkio Home Cemetery Nov 28 1936

19. UNDERTAKER Wm. H. ...

20. FILED Nov 27 1936 C. W. Vaughn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 - 1936 to Nov 26 - 1936. I last saw him alive on Nov 26 - 1936. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Enlarged Prostate Date of onset Prob 1932

Other contributory causes of importance: Retention cystitis 1936

Hypostatic Pneumonia Nov 20 - 1936

Name of operation None Date of ... What test confirmed diagnosis? Clinical 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) J. H. Davis M. D. (Address) Tarkio 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.

