

DEC 18 1936

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

Do not use this space.

40514

1. PLACE OF DEATH

County Butler

Registration District No. 89

File No.

Township Tolar Bluff

Primary Registration District No. 3007

Registered No. 246

City Tolar Bluff

P. Anderson Hospital St.

Ward

2. FULL NAME

(a) Residence No.

(Usual place of abode)

St.

Ward.

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 Agnes Wilbey		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31 1872		
7. AGE YEARS 63	MONTHS 10	DAYS 12
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm	
	10. Date deceased last worked at this occupation (month and year) Nov. 14 36	11. Total time (years) spent in this occupation 50
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buelah, Ky.		
FATHER	13. NAME Joseph, Jr.	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.	
MOTHER	15. MAIDEN NAME Lydia Martin	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.	
17. INFORMANT (ADDRESS) Pola Jane Lacey.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Blossfield No. DATE 11/13 36		
19. UNDERTAKER (ADDRESS) Charles Blossfield		
20. FILED 11/13, 1936 O. Lutzinger Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 1936
I HEREBY CERTIFY That I attended deceased from Nov. 11, 1936, to Nov. 13, 1936
I last saw him alive on Nov. 13, 1936. Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows: Peritonitis Pneumonia Pulmonary edema Other contributory causes of importance: Colitis- ulcerative
Date of onset 11/11/36 11/12/36 11/13/36 11/10/36
Name of operation none
Date of operation
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 19..... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in the street, 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. Miller, M. D. (Address) Tolar Bluff 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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