

DEC 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County HarrisonRegistration District No. 1012Township BuxtonPrimary Registration District No. 5480

City..... (No.....)

St. Ward.....

2. FULL NAME Wemon Roy Daniel

(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

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28-36

7. AGE

YEARS XMONTHS 4DAYS 18

If LESS than 1 day,hrs. ormin.

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) mo

MOTHER FATHER

13. NAME Junior Edward Daniel14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo15. MAIDEN NAME Elizabeth May Leonard16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo17. INFORMANT (ADDRESS) Henry Daniel mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Capilla DATE 11-17-3619. UNDERTAKER (ADDRESS) E. Stramer20. FILED 11-17-36, 19 moMrs. W. J. Reed Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-16-36, 19

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 10, 1936 to Nov. 16, 1936I last saw him alive on Nov 16, 1936 Death is saidto have occurred on the date stated above, at 11:30 P.M.

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

See Call's

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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 See Call's(Signed) Frank Wedg, M. D.(Address) Pattonburg mo

41040

File No.

Registered No. 1012 5

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.

