

DEC 30 1936

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

Do not use this space.

42194

1. PLACE OF DEATH

County PlatteRegistration District No. 693

Township

Primary Registration District No. 4415City Edgerton

(No. _____)

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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

4. COLOR OR RACE

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

FemaleWhiteSingle5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 31st. 1918

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

1834

OCCUPATION

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

None

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)

From Platte co. Missouri

13. NAME

James Staldus

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

Blodgett Platte co. Missouri

15. MAIDEN NAME

Anna Lee McMillian

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

Platte co. Missouri

17. INFORMANT (ADDRESS)

James Staldus Season Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Deafon onDATE Nov 7 1936

19. UNDERTAKER (ADDRESS)

Lucian Davis Deafon Mo.

20. FILED

12111936Lillian K. Neal Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Nov. 5th 1936

22. I HEREBY CERTIFY, That I attended deceased from

Oct 31st 1936 to Nov 5th 1936I last saw her alive on Nov. 4th 1936 Death is saidto have occurred on the date stated above, at 2 P.M. m.

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

BronchopneumoniaDate of onset 10-30-36

Other contributory causes of importance:

Pharyngitis11-3-36

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) S. J. Deafon, M. D.(Address) Deafon 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

