

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

Do not use this space.

DEC 30 1936

43569

1. PLACE OF DEATH

County Vernon  
Township Washington  
City Newada Mo (No. ....)

Registration District No. 875  
Primary Registration District No. 6162

File No. ....  
Registered No. 320  
St. .... Ward)

2. FULL NAME

(a) Residence, No. Frank Hospital #3 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. 3 mos. 2 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
66 09 25

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

MOTHER FATHER 13. NAME Jos. Holmes

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

15. MAIDEN NAME Virgin McCausland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin, Mo.

17. INFORMANT Paul Holmes, Tulsa, Okla. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Hospital Cemetery DATE Nov. 13 1936

19. UNDERTAKER W. Hayes Bell (ADDRESS) Newada, Mo.

20. FILED Nov 13 1936 M. C. Cushing Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10 1936 to Nov. 12 1936  
I last saw him alive on Nov. 12 1936 Death is said to have occurred on the date stated above, at 10:20 a.m.  
The principal cause of death and related causes of importance were as follows:

Hypernephroma  
Arteriosclerosis  
Date of onset

Other contributory causes of importance:  
Name of operation none 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? No  
If so, specify  
(Signed) J. T. O'Dell, M. D.  
(Address)

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.

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