

JAN 20 1937

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

Do not use this space.

45145

1. PLACE OF DEATH

County.....Jasper..... Registration District No.....408
Township..... Primary Registration District No.....3020
City.....Carthage..... (No.....824, Poplar St..... St..... Ward)

2. FULL NAME.....William Franklin Danner

(a) Residence, No.....824 Poplar.....St.....Ward.....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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 Melinda Jennings Danner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
76 unknown

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).....Wilmington
(STATE OR COUNTRY).....N. Carolina

13. NAME Samuel Danner
14. BIRTHPLACE (CITY OR TOWN).....N. Carolina
(STATE OR COUNTRY)

15. MAIDEN NAME Nancy Granger
16. BIRTHPLACE (CITY OR TOWN).....N. Carolina
(STATE OR COUNTRY)

17. INFORMANT T. A. Danner (bro.)
(ADDRESS) Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carterville Cem DATE Dec. 29 1936

19. UNDERTAKER Ulmer Funeral Home
(ADDRESS) Carthage, Missouri

20. FILED Dec 29 1936 S. B. Colinton Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1936, to Dec 26, 1936

I last saw him alive on Dec 26, 1936 Death is said to have occurred on the date stated above, at 9:15am

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

Acute coronary thrombosis Dec 26, 1936

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.....
(Signed) P. A. Webster, M. D.
(Address) Carthage, 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.

