

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.

JAN 20 1937

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

Do not use this space.

45181

1. PLACE OF DEATH

County Gasper Registration District No. 411  
 Township W. Main Primary Registration District No. 2003 File No. 45181  
 City W. Main (No. W. Main) (Ward) W. Main

2. FULL NAME

(a) Residence, No. W. Main Street 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1936 to Dec 6 1936  
 I last saw deceased alive on Dec 3 1936 Death is said to have occurred on the date stated above, Dec 6 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26 1935

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

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.  
1 5 10

Date of onset \_\_\_\_\_

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

Other contributory causes of importance: 108

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Main

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

13. NAME John Madison

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)

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

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

15. MAIDEN NAME Beatrice S. Madison

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

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

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 So, specify \_\_\_\_\_

17. INFORMANT (ADDRESS) John Madison

(Signed) James D. Meaburn M. D.  
 (Address) W. Main

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Main DATE 12-7-36

19. UNDERTAKER (ADDRESS) W. Main

20. FILED 12-6-36 Ed D. James Registrar.

Mar 1937

