FEB 16 1937

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

Do not use this space.

430

15

1. PLACE OF DEATH
County: Camden
Township: Adair
City: Climax Springs Mo. St. Ward)

Registration District No. 118
Primary Registration District No. 5-169

File No.
Registered No. 2

2. FULL NAME: William Webster Daniels
(a) Residence, No. Climax Springs St., Mo 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: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Margaret Daniels

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 31 - 1856

7. AGE: Years 80 | Months 0 | Days 22 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 267
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): Hickory Co Mo

FATHER
13. NAME: John Daniels
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Harriet E. Doyle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bowling Green Ky

17. INFORMANT (ADDRESS): Joyce Elmore Climax Springs Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: White Cemetery DATE: 1-24- 1937

19. UNDERTAKER (ADDRESS): Truman Ellis acting Climax Springs Mo

20. FILED 1-24 1937 H. S. Windsor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 18, 1937, to Jan 23 -, 1937
I last saw h. alive on Jan 22, 1937. Death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

acute Pericarditis

Date of onset

Other contributory causes of importance:
Influenza

Name of operation: none Date of
What test confirmed diagnosis? none 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?
If so, specify
(Signed) H. S. Windsor, M. D.
(Address) Climax Springs 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 INDIAN INK—THIS IS A PERMANENT RECORD