

FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Wesmoreland Registration District No. 875
Township Washington Primary Registration District No. 6162
City (No.) St. Ward

File No. 9220

Registered No. 38

2. FULL NAME

(a) Residence No. State 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 15 yrs. 4 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2 1871</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>2</u>
	DAYS <u>2</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>chronic invalid</u>	
	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)		
13. NAME		
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	15. MAIDEN NAME	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	17. INFORMANT (ADDRESS) <u>G. Clerk - Jasper Co.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>State Hospit</u> DATE <u>Feb 4 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Fury Funeral Home Nevada Mo</u>		
20. FILED <u>2-3 1937</u> <u>McClurg</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 1937

22. I HEREBY CERTIFY That I attended deceased from Sept. 8 1921 to Feb 3 1937

I last saw him live on 1.1 1937. Death is said to have occurred on the date stated above, at 2:25 P. m.

The principal cause of death and related causes of importance were as follows:
Influenza
and
chronic myocarditis
chronic invalid for many years

Other contributory causes of importance:
chronic myocarditis
chronic invalid for many years

Name of operation none Date of yes

What test confirmed diagnosis? Was there an autopsy? yes

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. J. O'Dell M. D.
(Address)

WRITE PLAINLY. WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

no information obtainable

