

MAR 22 1937

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

Do not use this space.

12460

## 1. PLACE OF DEATH

County Lewis St.Registration District No. 481File No. 4Township Lewis townPrimary Registration District No. 4390Registered No. 3City Lewis town (No.         )St.          Ward         

## 2. FULL NAME

(a) Residence, No.          St.          Ward         

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 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) widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary L. Dunlap6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 18537. AGE YEARS 83 MONTHS 7 DAYS 20 If LESS than 1 day, ..... hrs. or ..... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer9. 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) Rockingham, Co. Va.13. NAME Morgan Sellers14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vig.15. MAIDEN NAME Fulia Duval16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vig.17. INFORMANT  Rufus L. Sellers Lewis town, Mo18. BURIAL, CREMATION, OR REMOVAL          DATE 21, 6, 3719. UNDERTAKER James A. Corder Lewis town, Mo20. FILED 3/5 1937 James A. Corder Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4 193722. I HEREBY CERTIFY That I attended deceased from March 3 1937 to March 4 1937I last saw him alive on March 4 1937 Death is saidto have occurred on the date stated above, at 9 A. M.

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

apoplexia Date of onset March 3Other contributory causes of importance:         Nephritis         Senility         Name of operation None Date of         What test confirmed diagnosis? None Was there an autopsy? Yes23. 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? YesIf so, specify         (Signed) Harry M. Braden, D.O.(Address) Lewis town, Mo.

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.

