

MAY 31 1937

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

Do not use this space.

17839

1. PLACE OF DEATH

County VernonRegistration District No. 875

Township

Primary Registration District No. 3039City Neosho (No.)File No. 26202Registered No. 11/21

St. Ward)

2. FULL NAME

(a) Residence, No. 1601 N Maple St., 4 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5 18667. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 1 23

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

Retired

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) Missouri13. NAME Mellison Modglin14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known15. MAIDEN NAME Nancy Shirk16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known17. INFORMANT Harry Modglin (ADDRESS) Neosho Mo18. BURIAL, CREMATION, OR REMOVAL Deepwood C DATE 4-29-3719. UNDERTAKER Terry Funeral Home (ADDRESS) Neosho Mo20. FILED 3-3 1937 M. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28 193722. I HEREBY CERTIFY, That I attended deceased from Feb 5-37 to April 28 1937I last saw him alive on April 26 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:

Date of onset

Coronary Artery Disease
Darwin's Disease
(First symptoms)
1937

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? Myocardial infarction Date of 1937
We (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) W. H. ..., M. D.(Address) ...

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.

