

JUN 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Bates
Township Maund
City (No. _____) _____ St. _____ Ward _____

Registration District No. 47
Primary Registration District No. 5071

File No. 19353
Registered No. 13

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gene Wendleton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14, 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 7 6

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

13. NAME Archibald Wendleton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

15. MAIDEN NAME Kempstead

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gene Kuar

17. INFORMANT Lloyd Wendleton
(ADDRESS) Burles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dak Hill DATE May 22, 1937

19. UNDERTAKER Culveris
(ADDRESS) Burles Mo

20. FILED May 24, 1937 Ethel C. Stephens
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1937 to May 20, 1937

I last saw him alive on May 20, 1937. Death is said to have occurred on the date stated above, at 1 P. M.

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

Heart (acute) Congestive
Coronary Occlusion
Date of onset Oct 18

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) E. E. Pappas, M. D.
(Address) Admission 100

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death to be primary supplier. AGE should be stated EXACTLY. PHYSICIANS should state

31

