

JUN 22 1937

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

Do not use this space.

20208

1. PLACE OF DEATH

County Hauvells
Township Halsberry
City Mountain View Mo (No.)

Registration District No. 343
Primary Registration District No. 3334

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. Mountain View Mo Ward. 3
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. - mos. - ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 5-14, 1937, to 6-14, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 1870

I last saw him alive on 5-14, 1937. Death is said to have occurred on the date stated above, at 1:30 a.m.

7. AGE YEARS 67 MONTHS 03 DAYS 15 If LESS than 1 day, hrs. or min.

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

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

Other contributory causes of importance:
108

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

Name of operation General Date of

MOTHER FATHER 13. NAME W L Rafferty

What test confirmed diagnosis General Was there an autopsy? no

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 19.....

MOTHER 15. MAIDEN NAME Elizabeth M. Ruddy

Where did injury occur? no (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Luella Rafferty Mountain View Mo

Manner of injury no
Nature of injury no

18. BURIAL, CREMATION, OR REMOVAL PLACE Mountain View Mo DATE May 16 37

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....

19. UNDERTAKER (ADDRESS) John J. Fineman

(Signed) P. E. Ferrell, M. D.
(Address) Mountain View, Mo

20. FILED 6-10 1937 H. W. Wainwright Registrar.

A. B.—Every item of information should be carefully supplied. No space should be left blank. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AT Feb 2-1937

2-2-1937

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Howell Registration District No. 383
Township Woodberry Primary Registration District No. 5334
City (No. St. Ward)

File No. 20206
Registered No.

2. FULL NAME

Robert R. Rafferty

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 0 3

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

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 6-10-1937 E. W. Wingham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from

to, 19.....
I last saw him alive on, 19..... Death is said to have occurred on the date stated above, at,.....m.

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

Pneumonia
labor
Other contributory causes of importance: 108

Date of onset

Name of operation 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) J. E. Terrell, M. D.

(Address) mtu view road

SUPPLEMENTARY

S-20206