

JUN 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County Montgomery
Township Prairie
City Middletown, Missouri

Registration District No. 5-91
Primary Registration District No. 4289

File No. 20744
Registered No. _____
St. _____ Ward _____

2. FULL NAME John Samuel Angel

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Jane Angel		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22nd. 1859		
7. AGE 77	YEARS II	MONTHS 26
DAYS 26		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
MOTHER	10. Date deceased last worked at this occupation (month and year) 10 years
	11. Total time (years) spent in this occupation

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Missouri
	13. NAME Thomas B. Angel

MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
	15. MAIDEN NAME McDonald

MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Missouri
	17. INFORMANT Nancy Ann Woodson (ADDRESS) Middletown, Missouri

MOTHER	18. BURIAL, CREMATION, OR REMOVAL PLACE Middletown Cemetery 5/19/1937
	19. UNDERTAKER Jones & Wells (ADDRESS) Middletown, Missouri

MOTHER	20. FILED May 19, 1937 Death Reg.
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MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 18th, 1936, to May 18th, 1937.
I last saw him alive on May 17th, 1937. Death is said to have occurred on the date stated above, at 11:46 m.

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

Chronic Interstitial Nephritis

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Urinary Was 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? no
If so, specify _____
(Signed) Carl H. Hurd, M. D.
(Address) Middletown

