

AUG 19 1937

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

Do not use this space.

PLACE OF DEATH

County CallawayRegistration District No. 104 VFile No. 26827

Township

Primary Registration District No. 3008Registered No. 185City Fulton (No. _____) St. _____ Ward _____

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 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF InfantDATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1937YEARS ✓MONTHS ✓DAYS 5

If LESS than 1 day, _____ hrs. or _____ min.

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

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

1. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

PLACE (CITY OR TOWN) Fulton
STATE OR COUNTRY MissouriNAME Ray O'NealBIRTHPLACE (CITY OR TOWN) Texas
(STATE OR COUNTRY)MAIDEN NAME Don CallahanBIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)FORMER ADDRESS Ray O'Neal
Fulton, Mo.

RITUAL, CREMATION, OR REMOVAL

LACE Int Council Court DATE July 26, 1937DEFTAKER Leo D. Blalock
(ADDRESS) Fulton, Mo.ED. July 26, 1937 R. N. Crews
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 193722. I HEREBY CERTIFY that I attended deceased from July 25, 1937 to July 25, 1937I last saw him alive on July 25, 1937. Death is saidto have occurred on the date stated above, at 2:20 p.m.

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

Heart failure
(congenital) heart disease Birth 7-20-37Other contributory causes of importance: 1570Name of operation none Date of _____What test confirmed diagnosis? none 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) John J. Brown M. D.(Address) Fulton, Mo.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

26827

Do not use this space.

PLACE OF DEATH

a) County Calloway

Registration District No. 104

b) Township

Primary Registration District No. 3008

Registered No. 185-

c) City Fulton

(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number)

e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

PRINT FULL NAME

a) Residence, No. _____ St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

WIDOWED, OR DIVORCED
DATE OF DEATH

DATE OF DEATH (MONTH, DAY, AND YEAR)

YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 5

Profession, or particular kind of business in which work was done as sawyer, bookkeeper, etc. as saw mill, bank, etc.

Occupation (month and year) deceased last worked at 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

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED July 25, 1937 R. N. Crews Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 19 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:

Date of onset

Other contributory causes of importance:

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) John J. Brown, M. D.

(Address) Fulton mo

SUPPLEMENTARY

**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 Calloway
Township Fulton
City Fulton (No. 9)

Registration District No. 104
Primary Registration District No. 3008

File No. 26827
Registered No. 185- (Ward)

2. FULL NAME

P. O'neal
(a) Residence, No. 1 (Usual place of abode) the mother told me that there was no name, only the letters J. P. Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. or foreign birthplace yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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. 5

OCCUPATION
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)

FATHER
13. NAME

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

MOTHER
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 Dec 27 1937 R. L. Jones Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____. I last saw h. 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:

Date of onset

Other contributory causes of importance:

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) John J. Brown, M. D.
(Address) Fulton

SUPPLEMENTARY