

AUG 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County Monroe Co Registration District No. 578 File No. 27858
Township Woodlawn Primary Registration District No. 5782 Registered No. _____
City Holiday (No. _____) St. _____ Ward _____

2. 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) <u>Missie Read</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 12 1878</u>		
7. AGE YEARS <u>58</u>	MONTHS <u>6</u>	DAYS <u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Famer</u>		
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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-4-37, 193722. I HEREBY CERTIFY, That I attended deceased from 7-3-37, 1937, to 7-4-37, 1937I last saw him alive on 7-4-37, 1937. Death is saidto have occurred on the date stated above, at 119...m.

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

Concussion of Brain 7-3-37 Date of onsetdue to collision of automobiles.

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7-3-37Where 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 Highway
Nature of injury Collision24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____(Signed) A. M. Wood, M. D.
(Address) Shelbina Mo.

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Parsons</u>
	13. NAME <u>N. M. Read</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	15. MAIDEN NAME <u>Francis Read Pindleton</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington D C</u>
	17. INFORMANT (ADDRESS) <u>Mrs. J. W. Coffman</u> <u>Leicester, Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clama</u> DATE <u>July 6 1937</u>	
19. UNDERTAKER (ADDRESS) <u>E Hayes</u> <u>Shelbina Mo</u>	
20. FILED <u>July 5 1937</u> <u>J. W. Coffman</u> Registrar.	

N. B.—Every item of information should be accurately reported. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

27858
Do not use this space.

1. PLACE OF DEATH

(a) County Monroe Registration District No. 587
 (b) Township Woodlawn Primary Registration District No. 5785 Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (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.

2. PRINT FULL NAME Nathaniel Mansour Read Jr.

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

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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gertie B. Read
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17 - 1898
 7. AGE YEARS 38 MONTHS 6 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-4 1937
 22. I HEREBY CERTIFY, That I attended deceased from 7-3 1937 to 7-4 1937
 I last saw him alive on 7-4 1937 Death is said to have occurred on the date stated above, at 11 A.M.
 The principal cause of death and related causes of importance were as follows:

contusion of Brain Date of onset 7-3-37
Due to collision of automobile
 Other contributory causes of importance: _____

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

FATHER 13. NAME N. M. Read

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

MOTHER 15. MAIDEN NAME Frances Read Pendleton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington D.C.

17. INFORMANT (ADDRESS) Mrs G. B. Coffman Denton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarence Co. DATE July 6 1937

19. FUNERAL DIRECTOR (ADDRESS) J. Hays Shelburn Mo

20. FILED July 26 1937 Herb Nidding Local Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury _____, 19____
 Where did injury occur? Highway (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury collision
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) A. M. Wood M. D.
 (Address) Shelburn Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCURRENCE OF DEATH. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATION UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S. P. LEMMON

S-27858