

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

Do not use this space.

1. PLACE OF DEATH
 4 County Andrew Registration District No. 921
 1 Township _____ Primary Registration District No. 4587
 0 City Waverly (No. _____) St. _____ Ward _____

2. FULL NAME John O. Daniel 540
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

1906

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 5, 1887</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>8</u> DAYS <u>23</u>
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Same</u>		
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) <u>Montgomery Co. Mo.</u>		
13. NAME <u>John O. Daniel</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montgomery Co. Mo.</u>		
15. MAIDEN NAME <u>Rebell White</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montgomery Co. Mo.</u>		
17. INFORMANT <u>Mrs. J. W. Thomas</u> (ADDRESS)		
18. BURIAL CREMATION, OR REMOVAL <u>Family Burial</u> PLACE <u>Montgomery Co. Mo.</u> DATE <u>1-29-38</u>		
19. UNDERTAKER <u>W. B. Galle</u> (ADDRESS) <u>Waverly Mo.</u>		
20. FILED <u>29</u> 19 <u>38</u> <u>W. May</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 1938

22. I HEREBY CERTIFY That I attended deceased from Dec 9, 1937 to Jan 28, 1938
 I first saw him alive on Jan 28, 1938. Death is said to have occurred on the date stated above, at 10:40 a. m.
 The principal cause of death and related causes of importance were as follows:
Bronchopneumonia
 Date of onset 1-26-38

Other contributory causes of importance:
Paralysis, caused by injury to spinal cord at 2nd dorsal vertebra

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? Accident Date of injury Jan 20, 1937
 Where did injury occur? Father, Andrew Co. Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Injury occurred at home. Fell across
 Manner of injury Timber, carrying injury
 Nature of injury to spinal cord

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) R. P. Hays R. O. M. D.
 (Address) Waverly, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be stated EXACTLY. PHYSICIANS should state every item of information so that it may be properly classified.

FEB 21 1938

MISSOURI STATE BOARD OF HEALTH

MOTHER FATHER

