

REC'D MAR 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township Mineral
City Bethel (No. 1)Registration District No. 413
Primary Registration District No. 5559CFile No. 7116
Registered No. 13
St. McDonald Ward

2. FULL NAME

(a) Residence, No. 120
(Usual place of abode)St. Rocky Comfort Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Effie Speare6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9-18817. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 6 11OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia13. NAME J. S. Speare14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia15. MAIDEN NAME Orlena Powell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT Records
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Wheaton Mo. DATE 7-20 193819. UNDERTAKER Belle Undertaking Co.
(ADDRESS) Wheaton20. FILED 3-5 1938 Harry A Weaver Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20 193822. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1937, to Feb 20, 1938.I last saw him alive on Feb 19, 1938. 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:

Date of onset

Pulmonary Tuberculosis

Other contributory causes of importance:

Name of operation None Date ofWhat test confirmed diagnosis? Jasper Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 1938.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) James E. Daughlaw, M. D.

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

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