

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

Do not use this space.

REC'D MAY 18 1938

1. PLACE OF DEATH

County Butler
Township Higgins
City Higgins

Registration District No. 309
Primary Registration District No. 5428

File No. 14602
Registered No. 21
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward 230
(Usual place of abode)

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. (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

Elizabeth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 25 1857

7. AGE

YEARS

MONTHS

DAYS

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

87 7 06

OCCUPATION

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 occupation

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

Illinois

FATHER

13. NAME

James M. Best

MOTHER

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

Illinois

15. MAIDEN NAME

Julia Solar

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

unknown

17. INFORMANT (ADDRESS)

Mrs John R. Best

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Friends DATE Mar 2 1938

19. UNDERTAKER (ADDRESS)

Best Funeral Home

20. FILED

Mar. 17, 1938 W. S. Morton Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Mar 1 1938

22. HEREBY CERTIFY, That I attended deceased from

Feb 25 1938, to March 1 1938

I last saw him alive on March 1 1938. Death is said to have occurred on the date stated above, at 1:20 a.m.

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

Acute Pneumonia 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 Charles N. McLean M. D.

(Signed) Butler Mo (Address) _____

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

