

REC'D JUN 14 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County *Schuylers*  
Township *Fabius*  
City *Downing* (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)Registration District No. *802*  
Primary Registration District No. *4481*File No. *33* <sup>19648</sup>  
Registered No. *19*

## 2. FULL NAME

*Theophilus A. Middleton* *343*  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)Length of residence in city or town where death occurred *4* 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

## MEDICAL CERTIFICATE OF DEATH

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 *Gladys D. Middleton*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 8, 1895*7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*42* *8* *21*

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. *bank & coffee*10. Date deceased last worked at this occupation (month and year) *12-2-37* 11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) *Schuylers Co Mo* (STATE OR COUNTRY)13. NAME *William D. Middleton*14. BIRTHPLACE (CITY OR TOWN) *Hancock Co Mo* (STATE OR COUNTRY)15. MAIDEN NAME *Mary Etta Maize*16. BIRTHPLACE (CITY OR TOWN) *Schuylers Co Mo* (STATE OR COUNTRY)17. INFORMANT *Gladys D. Middleton* (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE *Lancaster Mo* DATE *May 31 1938*19. UNDERTAKER *Morehead* (ADDRESS) *Lancaster Mo*20. FILED *May 31, 1938* *H. E. Gerwig* Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 29 1938*22. I HEREBY CERTIFY That I attended deceased from *August* 1937, to *May 29* 1938I last saw him alive on *May 28* 1938 Death is said to have occurred on the date stated above, at *5:30 a.m.*

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

*Pulmonary Tuberculosis* Date of onsetOther contributory causes of importance: *23%*Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? *Lat* 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) *J. N. S. Young* *3* M. D.  
*Downing Mo* (Address) *721*

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.

