

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.

REC'D JUL 19 1938

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

Do not use this space.

21256

1. PLACE OF DEATH

County Barry Registration District No. 31
Township Cassingham Primary Registration District No. 5042B
City (No. _____) St. _____ Ward _____

File No. _____

Registered No. 19

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

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Cairns

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 11 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Went over home

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) Italy

13. NAME Daniel Dalmas

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

15. MAIDEN NAME Catharine Simonat

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

17. INFORMANT John Cairns

(ADDRESS) Curdy, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Waldensian DATE June 27, 1938

19. UNDERTAKER Blankenship's

(ADDRESS) month, Barry

20. FILED June 28, 1938 Donald Blankenship Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1938

22. I HEREBY CERTIFY That I attended deceased from June 26, 1938 to June 26, 1938

I last saw her alive on June 26, 1938. Death is said to have occurred on the date stated above, at 2:40 A.M.

The principal cause of death and related causes of importance were as follows: Organic Heart Disease Date of onset _____

Other contributory causes of importance: 95B2

Residual Blindness

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 _____

(Signed) P. J. Keely M. D.

(Address) Curdy, Mo.

