

REC'D SEP 26 1938

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

Do not use this space.

29630

1. PLACE OF DEATH

County Oregon
Township Bay Apple
City Medford (No. 420)

Registration District No. 631
Primary Registration District No. 5833

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St. Ward.

(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 Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Ellis Dills6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-11-1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 7 26

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

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) Oregon Co No. 013. NAME Richard Vaughn14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon Co - No. 015. MAIDEN NAME Missie Jackson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon Co - No. 017. INFORMANT Ellis Dills (ADDRESS) Hershey - No.18. BURIAL, CREMATION, OR REMOVAL PLACE Two Mile - Co DATE 8/8-3819. UNDERTAKER Leo Cox (ADDRESS) Thompson20. DATE Sept 23rd 1938 REGISTRAR Sautenay Richardson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-7 193822. I HEREBY CERTIFY, That I attended deceased from June 20, 1938, to July 28, 1938.

I last saw him alive on July 12, 1938. Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:

Mitral insufficiency Date of onset

Other contributory causes of importance:

Arteriosclerosis and Corolla atherosclerosis

Name of operation None Date of 7What test confirmed diagnosis? Symptoms 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, 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) P. H. Sparks M. D.(Address) West Plains, Mo.Registrar 562

Hall

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

