

DEC'D OCT 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Linn*
Township *W. Campbell*
City

Registration District No. *316*Primary Registration District No. *5439*(No. *County Infirmary*)File No. *32256*Registered No. *105*

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *Thomas Jeff* Ward. *107*(Usual place of abode) *County Infirmary*(If nonresident, give city or town and State) *R.F.D. # 4*Length of residence in city or town where death occurred yrs. mos. *4* 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) *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mary Claypool*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *UK*

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<i>1st</i>	<i>57</i>			

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

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) *Linn Co Missouri*13. NAME *Paul Jeff*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *UK*15. MAIDEN NAME *UK Atchey*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *UK*17. INFORMANT *W M McDonald* (ADDRESS) *R # 4*18. BURIAL, CREMATION, OR REMOVAL PLACE *Carroll Springs Mo* DATE *Sept 13* 19*38*19. UNDERTAKER *Deer Funeral Service* (ADDRESS) *Ark Springs Mo*20. FILED *Sept 13* 19*38* *Chas U George* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 12* 19*38*22. I HEREBY CERTIFY, That I attended deceased from *July 20* 19*38*, to *Sept 11* 19*38*I last saw him alive on *Sept 11* 19*38* Death is saidto have occurred on the date stated above, at *7 A* m.

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

Endo Carditic Chronic 1936

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? *N O*23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19*38*

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. H. Russell*, M. D.(Address) *Springfield Mo*

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.

