

REC'D MAR 15 1939

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

Do not use this space.

6052

1. PLACE OF DEATH

 County Callwell Registration District No. 97
 Township Davis Primary Registration District No. 5198
 City Branson (No. _____) St. _____ Ward _____

2. FULL NAME

(s) 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 x yrs. 15 mos. X 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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. H. Chapman6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22, 18697. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 4 248. 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) Jan. 1, 1937 11. Total time (years) spent in this occupation 7512. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norborne Mo13. NAME James Little14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frank Tenn15. MAIDEN NAME Thetis Cresswell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norborne Mo17. INFORMANT (ADDRESS) Mr. W. H. Chapman Branson Mo18. BURIAL, CREMATION, OR REMOVAL. PLACE Monroe DATE 1-15-193919. UNDERTAKER (ADDRESS) B. F. Neal Branson Mo20. FILED Jan. 18 1939 W. H. Paterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16 - 193922. I HEREBY CERTIFY That I attended deceased from May 1938, to January 15, 1939I last saw him alive on Jan. 15, 1939. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:HemiplegiaDate of onset 1-14-39

Other contributory causes of importance:

Hypertension
Chronic Interstitial Nephritis
Corrosion of the Liver

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? no

If so, specify _____

(Signed) John R. Crank M.D.
(Address) Branson, Missouri

97

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.

RECEIVED

District Health Officer No. 11,

District File Number 29-150

Date Filed MAR 13 1939