

REC'D MAR 16 1939

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

Do not use this space.

7011

1. PLACE OF DEATH

54 County Lafayette
Township Livingstone
City Livingstone MO (No. 1)

Registration District No. 461
Primary Registration District No. 5625

File No. 13
Registered No. _____
St. _____ Ward _____

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 ma 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 Laura Branson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1 - 1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
62 5 3

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

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) Bland mo. 0

13. NAME Levi Haines 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bell mo. 0

15. MAIDEN NAME Caroline Bridges

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bell mo.

17. INFORMANT (ADDRESS) Mrs. G. W. Waley

18. BURIAL, CREMATION, OR REBURY PLACE Livingstone MO DATE Feb 6 1939

19. UNDERTAKER (ADDRESS) Winkler Livingstone MO

20. FILED Mar 1 1939 Delia Bates Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1939

22. I HEREBY CERTIFY, That I attended deceased from April 26 1938 to Feb 4 1939

I last saw him alive on Feb 3 1939 Death is said to have occurred on the date stated above, at 8:45 p.m.

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

arterio renal vascular disease Date of onset 4-26-38

Other contributory causes of importance:

respiratory failure Feb 4 1939

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) Dr. Johnston _____, M. D.(Address) Livingstone MO _____

RECEIVED
District Health Officer No. 8,
District File Number 37/34
Date Filed -----