

AUG 16 1939

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

Do not use this space.

26336

## 1. PLACE OF DEATH

County New Madrid  
Township Franklin  
City Franklin (No. \_\_\_\_\_)

Registration District No. 55  
Primary Registration District No. 6262

File No. 10  
Registered No. 1386  
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. da. How long in U. S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 5, 1939  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 3 | 17

22. I HEREBY CERTIFY, That I attended deceased from 7-20, 1939, to 7-22, 1939

I last saw him alive on 7-12, 1939. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Cholera Disenteria Date of onset \_\_\_\_\_

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

Other contributory causes of importance:

Bronchial Pneumonia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indian Mo. C.13. NAME Frank Clayton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Archbold Pa.15. MAIDEN NAME Hillian Giles16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas17. INFORMANT (ADDRESS) Eugene D. Clayton18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. V. Cemetery 7-23-3919. UNDERTAKER (ADDRESS) W. H. Meentemeyer20. FILED July 28, 1939 W. V. Rummel Registrar

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) Geo. Fullerton, M. D.  
541 (Address) Indian Mo.

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. 2,

District File No. 839-146

Date Filed 8-39