

SEP 8 1939

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

Do not use this space.

28919

1. PLACE OF DEATH

County Clinton
Township Lafayette
City Clinton (No.)

Registration District No. 210
Primary Registration District No. 5229

File No.
Registered No. 15
St. Ward

2. FULL NAME

(a) Residence, No. Home, Mo. St. RFD 2 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 12, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1939, to Aug. 11, 1939. Last saw him alive on Aug. 11, 1939. Death is said to have occurred on the date stated above, at 6:00 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1892

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 47 5 1

Chronic myocarditis with valvular disease Date of onset ?

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

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: Chronic Nephritis Passed during World War

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton County Missouri

13. NAME W. A. Mitchell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Ferelda Roberts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Ferelda Roberts

18. BURIAL, CREMATION, OR REMOVAL Home, Mo.

PLACE Allen Cemetery DATE Aug. 14, 1939

19. UNDERTAKER W. A. Sullivan

(ADDRESS) Home, Mo.

20. FILED Aug. 12, 1939 John Kay Registrar.

Name of operation Date of operation
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 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) J. M. Coulter (Address) Stewartville Mo.

1936

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

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