

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

Do not use this space.

32138

1. PLACE OF DEATH
 County Cedar Registration District No. 163
 Township Box Primary Registration District No. 5228
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Regin E McDaniel
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-2-1863

7. AGE YEARS 76 MONTHS 5 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Ohio

13. NAME Francis McDaniel

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

15. MAIDEN NAME Cynthia Powell

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

17. INFORMANT Mrs Mildred McDaniel (ADDRESS) Edwards Springs, Mo. R. 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Clintonville DATE 9-29-1939

19. UNDERTAKER Gwin-Siders (ADDRESS) Edwards Springs, Mo

20. FILED 9-29-1939 J. Dawson 154 Registrar.

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 9 1938, to Sept 28 1939
 I last saw him alive on Sept 28 1939. Death is said to have occurred on the date stated above, at 7 a. m.
 The principal cause of death and related causes of importance were as follows:
Cardiac Asthma
 Date of onset _____

Other contributory causes of importance:
15 lb

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) W. H. Crawford M. P.
 (Address) Edwards Springs, 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. 7,

District File Number 7-39-14 20

Date Filed 10-10-39