

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

Do not use this space.

OCT 20 1939

32874

1. PLACE OF DEATH

County Linn

Township Locust Creek

City Linneus

Registration District No. 501

Primary Registration District No. 4304

File No.

Registered No.

2. FULL NAME 323 Reland Midgyett

(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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
33 5 1

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

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) Meadville, Mo.
(STATE OR COUNTRY) Missouri

13. NAME Eila Midgyett

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

15. MAIDEN NAME Nancy Walker

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

17. INFORMANT Mrs. Hortense Midgyett
(ADDRESS) Linneus, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Meadville, Mo. DATE Oct 7 1939

19. UNDERTAKER Thorne Undertaking Co.
(ADDRESS) Linneus, Missouri

20. FILED 10-7 1939 Maude T. D. H. 963
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1939, to Oct 5, 1939.
I last saw him alive on Oct 5, 1939. Death is said to have occurred on the date stated above, at 10:20 p.m.

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

meningobacterial spinal cord (ascending) Date of onset Jan 1939

Other contributory causes of importance: 52

Name of operation Laminectomy Date of March 1939

What test confirmed diagnosis? 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) J. J. Jones, M. D.
(Address) Linneus, Mo.

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

Case No. 131

District No. 1039-1311

Date Filed OCT 16 1939