

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

Do not use this space.

1. PLACE OF DEATH

County Darless Registration District No. 255
Township Jefferson Primary Registration District No. 5357
City (No.) (No.) St. () Ward ()

File No. 6441
Registered No. _____
St. _____ Ward _____

2. FULL NAME

James Allen Dean
(a) Residence, No. Jefferson Township 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3 - 1850
7. AGE YEARS 89 MONTHS 5 DAYS 6 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) alta Vista, Mo
13. NAME Samuel Dean
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
15. MAIDEN NAME Marie Russel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs. D. D. Helderbrand (ADDRESS) Winston Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE alta Vista DATE Feb 11
19. UNDERTAKER Kate Stamps (ADDRESS) Winston Mo

20. FILED 2/10 1940 F. W. Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/9, 1940
22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1940, to Feb 9, 1940
I last saw him alive on Feb 8, 1940 Death is said to have occurred on the date stated above, at 10:00 am.

The principal cause of death and related causes of importance were as follows:
Influenza -
Date of onset Feb 1, 1940
Other contributory causes of importance: Sinibity

Name of operation _____ Date of _____
What test confirmed diagnosis? Cause 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? _____
If so, specify _____
(Signed) Fred W. Wilson / M. D.
(Address) Winston Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

District Health Officer No. 11,

District File Number 240-295

Date Filed MAR 2 1948

*A. Virgil V. Stroup. Embalmed the body on
reverse side of page - No - 4074.*

Virgil V. Stroup
4074