

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

Do not use this space.

7851

**1. PLACE OF DEATH**

County Putnam

Registration District No. 718

Township Wilson

Primary Registration District No. 3948

City (No. , , , )

File No. \_\_\_\_\_  
Registered No. 10 St. \_\_\_\_\_ Ward)

**2. FULL NAME** 193 Twilla Jean Daily

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan, 22, 1940</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Putnam Co. MO</u>		
FATHER	13. NAME <u>James W. Daily</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marshallsburg Iowa</u>	
MOTHER	15. MAIDEN NAME <u>Eveline Vance</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Putnam Co MO</u>	
17. INFORMANT (ADDRESS) <u>Jack Daily</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lebanon Cem</u> DATE <u>Jan 30 1940</u>		
19. UNDERTAKER (ADDRESS) <u>Otis Dodson</u>		
20. FILED <u>July 9 1940</u> <u>W. W. Gillman</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1940, 19\_\_\_\_, to Jan 30 1940, 19\_\_\_\_.

I last saw her alive on Jan 22 1940, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7:15 m.

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

Exfoliative Dermatitis

Other contributory causes of importance: \_\_\_\_\_

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) W. Herington M.D.  
(Address) Green City, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very imp.

RECEIVED

District Health Officer No. 10

District File Number 3-40-540

Date Filed MAR 8 1940