

FILED AUG 23 1939

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

Do not use this space.

26143

File No. _____
Registered No. _____
St. _____ Ward) _____

1. PLACE OF DEATH

County St. ClairRegistration District No. 764Township OrangePrimary Registration District No. 6-08City Monegan Springs, Mo.

2. FULL NAME

(a) Residence, No. 550

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widowed

5A. MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(or) WIFE OFAlice Durham

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

7-30-1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.71419

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
occupationRetired12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Henry County
Mo.

FATHER

13. NAME

William Durham14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Centerville

MOTHER

15. MAIDEN NAME

Sarah Ann Garrison16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Seeings17. INFORMANT
(ADDRESS)Buelie Weant
Monegan Springs

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mo Zion DATE 12/20/3919. UNDERTAKER
(ADDRESS)W. B. Goodrich, C. C.
Rosen, Mo.

20. FILED

3-60, 19 40James R. Carter

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/19/18, 193922. I HEREBY CERTIFY, That I attended deceased from
12-12, 1939, to 12-18, 1939I last saw him alive on 12-12, 1939 Death is said
to have occurred on the date stated above, at 4:30 A.M.

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

Influenza

Date of onset

11/10

Other contributory causes of importance:

No known other in
a weak Robson conditionName of operation None Date of XWhat test confirmed diagnosis? Chol. Bary Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 1939Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoNature of injury No24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None(Signed) J. W. Richardson M. D.(Address) W. B. GoodrichN. 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 impo

RECEIVED

District Health Officer No. 75

District File Number 8-40-1102

Date Filed 8-8-20