

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.

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

Do not use this space.

13007

## 1. PLACE OF DEATH

County *Jasper*Registration District No. *411*Township *501*Primary Registration District No. *2002*City *Jasper*

File No.

Registered No. *158*

St.

Ward)

## 2. FULL NAME

(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

*M*

## 4. COLOR, OR RACE

*W*

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

*married*

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

*Minnie*

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

*Nov 9 - 1861*

## 7. AGE

*68*

YEARS

MONTHS

*4*

DAYS

*23*

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

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

*Flagman K.C.S.R.R*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*Boyle Ind*

(STATE OR COUNTRY)

10. NAME OF FATHER

*Leeton Brackney*

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

*Indiana*

(STATE OR COUNTRY)

## 12. MARRIAGE OF FATHER

*M. C. Cullough*

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

*Indiana*

(STATE OR COUNTRY)

## 14.

INFORMANT

(Address)

*Jasper Ind*

## 15.

*4/5 30 A Benson Clark*

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

*Apr 3 30*

## 17.

I HEREBY CERTIFY That I attended deceased from *Mar 28 30* to *Apr 3 30* and that I last saw him on *Apr 3 30* and that death occurred, on the date stated above, at *3:25 a.m.*

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Acute Nephritis**113**130*

CONTRIBUTORY (SECONDARY)

*Influenza*

(duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *A. Benson Clark*, M. D.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

*Forest Hill Cem*

DATE OF BURIAL

*4/5 30*

20. UNDERTAKER

*Funeral Home Co*

ADDRESS

*Jasper Ind*

