

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

Do not use this space.

5490

1. PLACE OF DEATH

County Henry Registration District No. 347
 Township Clinton Primary Registration District No. 3018
 City Clinton Mo (No.) St. Ward

File No.
 Registered No. 133 St. Ward

2. FULL NAME

(a) Residence, No. E. Franklin 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
41 5

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) Clay Co Mo

13. NAME J J Chancellor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Mary J Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) J P Chancellor

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE Feb 2 1933

19. UNDERTAKER (ADDRESS) Spore Lou

20. FILED 2/2 1933 Ed C. Peeler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1933 to Feb 1 1933

I last saw him alive on Feb 1 1933. Death is said to have occurred on the date stated above, at 8 a m.

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

Mastoid abscess

Date of onset

Other contributory causes of importance:

Septicemia

Name of operation for mastoid abscess Date of Oct 24

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 Samuel A. Pogue, M. D.

(Signed) Samuel A. Pogue, M. D. (Address) Clinton 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.

33 19

Goakue

