

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.

JAN 22 1935

45647

1. PLACE OF DEATH

County

Township

City

(No.

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

ysr.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Nancy York

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

11-21-1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

73

1

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)

State of Illinois

FATHER

13. NAME

Branson York

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

McKean, Mo.

MOTHER

15. MAIDEN NAME

Mary Ann Davis

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

G. Hickman, Mo.

17. INFORMANT
(ADDRESS)

Mary E. Bratton
Harden, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Turner Cem. DATE 12-23-34

19. UNDERTAKER
(ADDRESS)

Bennett Barber.
Harden, Mo.

20. FILED

1-10 1935 J. F. Gaullier

Registrar

MEDICAL CERTIFICATE OF DEATH

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

12-21, 1934

22. I HEREBY CERTIFY, That I attended deceased from

19, to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at 3 P. m.

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

This man 24 yrs ago
had a heart ailment.

No physician in
last sickness. He died

Other contributory causes of importance:
2 hrs on a sofa date.

Name of operation Date of

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? 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? No

If so, specify

(Signed) Adam F. Wagner M. D.

(Address) Harrison, Mo.

