

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

Do not use this space.

SEP 23 1936

30684

1. PLACE OF DEATH

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

2. FULL NAME

James B. Daniel
(a) Residence, No. 316 So 6th 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. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. _____ 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 Billie Elizabeth Daniel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-6-1854

7. AGE YEARS 82 MONTHS 7 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo.

13. NAME Jack Daniel

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

15. MAIDEN NAME Lobetha Western

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

17. INFORMANT Leed Daniel (ADDRESS) Brownington Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brownington DATE 8-15-36

19. UNDERTAKER Frank Williams (ADDRESS) Clinton Mo.

20. FILED 8-15 1936 J. R. Humphreys Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-13 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-13 1936, to 8-13 1936
last saw him alive on 8-13 1936. Death is said

to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:

don't know only saw him about 1/2 hr before death, was coughing off, pain could not get relief

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) L. S. Sulpher, M. D.

(Address) Clinton Mo.

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.

