

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

Do not use this space.

**MAY 20 1937**

File No. **16472**  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
 County Henry Registration District No. 347  
 Township Hilde Creek Primary Registration District No. 5490  
 City Clinton Mo (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Crook Middaugh  
 (a) Residence, No. Clinton Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Viola Middaugh  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-5-1864  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 82 5 24  
 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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-29 1937  
 22. I HEREBY CERTIFY, That I attended deceased from 1933, to Apr 29 1937  
 I last saw him alive on Apr 28 1937. Death is said to have occurred on the date stated above, at 3:10 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Chronic interstitial nephritis (uremia)  
 Date of onset 1932  
 Other contributory causes of importance: Chronic myocarditis (1932)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois  
 13. NAME Clay Middaugh  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 15. MAIDEN NAME Mabel M. Auster  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
 17. INFORMANT (ADDRESS) Wm Middaugh Clinton Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell Cem DATE Apr 30 1937  
 19. UNDERTAKER (ADDRESS) Fred C. Wilkinson Clinton Mo  
 20. FILED 5-1 1937 J. R. Hampton Registrar.

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical 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 none  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) S. B. Hampton, M. D.  
 (Address) Clinton Mo

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

