

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.

4-2 JUL 28 1937

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

Do not use this space.

1. PLACE OF DEATH
 County Henry Registration District No. 347
 Township _____ Primary Registration District No. 3018
 City Colony (No. 116) St. 8 1/2 St Ward _____
 Registered No. 23811

2. FULL NAME Harold Stacold Daniel
 (a) Residence, No. 316 E. 8th St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 18 - 1912</u>		
7. AGE YEARS <u>25</u> MONTHS <u>7</u> DAYS <u>4</u>	If LESS than 1 day, _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>invalid</u>		
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) <u>Henry Co Mo</u>		
13. NAME <u>J A Daniel</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Johnson Co Mo</u>		
15. MAIDEN NAME <u>Elizabeth Hunt</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henry Co, Mo</u>		
17. INFORMANT <u>Lloyd Daniel</u> (ADDRESS) <u>Brownington mo A2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brownington</u> DATE <u>Jan 23, 1937</u>		
19. UNDERTAKER <u>C. A. Rickett</u> (ADDRESS) <u>Brownington, Mo</u>		
20. FILED <u>June 28 1937</u> <u>J R Hampton</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1937

22. I HEREBY CERTIFY, that I attended deceased from June 21, 1937, to June 22, 1937
 I last saw him alive on June 20, 1937 Death is said to have occurred on the date stated above, at 20 m.
 The principal cause of death and related causes of importance were as follows:
Fever - undetermined
Epilepsy
 Date of onset 6/21/37

Other contributory causes of importance: 1
83

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) S. W. Wolther, M. D.
 (Address) Colony Mo

