

REC'D MAR 17 1938

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

Do not use this space.

6865

## 1. PLACE OF DEATH

42 County Henry  
4 Township  
2 City Clinton (No. ....)

Registration District No. 347  
Primary Registration District No. 3018

File No. ....  
Registered No. ....  
St. .... Ward)

## 2. FULL NAME

John Richard Angle 524  
(a) Residence No. 120 W Allen 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
74 3 21

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

12. BIRTHPLACE (CITY OR TOWN) Henry Co (STATE OR COUNTRY) mo

13. NAME John Angle

14. BIRTHPLACE (CITY OR TOWN) Pike Co (STATE OR COUNTRY) mo

15. MAIDEN NAME Elizabeth Ferguson

16. BIRTHPLACE (CITY OR TOWN) Pike Co (STATE OR COUNTRY) mo

17. INFORMANT Mrs Martha J Angle (ADDRESS) Clinton mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 3/11 1938

19. UNDERTAKER Conradus & Beck (ADDRESS) Clinton mo

20. FILED 3/15 1938 J. R. Hampton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 1936, to March 3, 1938

I last saw him alive on Feb 27, 1938. Death is said

to have occurred on the date stated above, at 10:10 a.m.

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

Chronic myocarditis Date of onset unknown  
93C

Other contributory causes of importance:

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.  
Clinton, mo (Address) 3125

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.

