

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.

DEC 21 1931

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

Do not use this space.

33519

1. PLACE OF DEATH

County Barry Co Registration District No. 29
Township Jenkins Primary Registration District No. 5048
City (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 41

2. FULL NAME

(a) Residence, No. _____ 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 Male
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7 1855
7. AGE YEARS 75 MONTHS 10 DAYS 20 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 _____

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) R. W. Gure

18. BURIAL, CREMATION, OR REMOVAL PLACE Stubblefield DATE 10/28 1931

19. UNDERTAKER (ADDRESS) Spring Funeral Home Aurora Mo

20. FILED Dec 1 1931 Mr. H. R. Williams Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 24th 1931, to Oct 26th 1931
I last saw him alive on Oct 26th 1931. Death is said to have occurred on the date stated above, at 9:20 P.M.
The principal cause of death and related causes of importance were as follows:

Prostitition, lack of digni- tation and sanitation and letting down of vital forces.

Other contributory causes of importance: Old age - very old for man of 75 years.

Name of operation _____ Date of _____
What was confirmed diagnosis? Same 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? None
If so, specify _____
(Signed) D. B. Mitchell, M. D.
Cassville Mo.

