

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

Do not use this space.

26521

82

1. PLACE OF DEATH

49 County Jasper
7 Township Jasper Mo
5 City Oregon (No. 1)

Registration District No. 414
Primary Registration District No. 2002

File No. 82
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. St Johns Hosp 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 9 29

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 16

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) Sutton, W. Va.

13. NAME Nathan Prince

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

15. MAIDEN NAME Mary Skidmer

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

17. INFORMANT Mrs Mable Prince (ADDRESS) #5

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE Aug 31 1932

19. UNDERTAKER (ADDRESS) Truell Mortuary
Cardage

20. FILED 8/30 1932 W. Nelson Clark Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 28 1932 to Aug 28 1932

I last saw him alive on Aug 28 1932 Death is said to have occurred on the date stated above, at 9:40 p.m.

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

Lobar Pneumonia Date of onset 8-28
10 11 12

Other contributory causes of importance:

Operation

Name of operation Hernea Date of 8-28-32

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? _____

If so, specify H. Wilber (Signed) _____, M. D.

(Address) Jordan mo

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.

SEP 23 1932

