

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

Do not use this space.

27471

1. PLACE OF DEATH

County St. Francois
Township Randolph
City Willingale (No. St. Ward)

Registration District No. 779
Primary Registration District No. 6024a

File No.
Registered No.

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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/11 1933

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

22. I HEREBY CERTIFY, That I attended deceased from 8/4 1933, to 8/11 1933

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13 1875

I last saw him alive on 8/9 1933 Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, or min. 58 6 28

to have occurred on the date stated above, at 1045th St.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Indian tuberculosis of lungs Date of onset 3/15/33

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.....

Other contributory causes of importance:
None

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

13. NAME Phillip J. McDaniel

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

15. MAIDEN NAME Sarah Burgess

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

17. INFORMANT Jesse McDaniel

18. BURIAL, CREMATION, OR REMOVAL PLACE Parson DATE 8-13 1933

19. UNDERTAKER Joseph Diemer

(ADDRESS) FLAT RIVER MO

20. FILED 8-13-1933 R.B. Tuttle MD Registrar.

Name of operation 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.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) W. B. Tuttle, M. D.

(Address) Willingale

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEI 6 1933

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