

MAY 25 1934

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

Do not use this space.

13745

## 1. PLACE OF DEATH

County Camden Registration District No. 664  
Township Little Prairie Primary Registration District No. 8-8-62  
City (No) St. (No) Ward (No)

File No. 13745  
Registered No. 40

## 2. FULL NAME

(a) Residence, No. James Dye St. (No) Ward (No)  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

## 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 Mrs. Birdie Age  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-1-1864  
7. AGE YEARS 69 MONTHS 4 DAYS 2 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store  
10. Date deceased last worked at this occupation (month and year) Jan. 1934 11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky  
13. NAME JK  
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) Mrs. Barnett Long  
18. BURIAL, CREMATION, OR REMOVAL PLACE Maize cemetery DATE 4/14/34  
19. UNDERTAKER (ADDRESS) W. S. Smith  
20. FILED April 10 1934 C. C. Manton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/3 1934  
22. I HEREBY CERTIFY, That I attended deceased from 3/18/34, 1934, to 4-3-34, 1934.  
I last saw h. alive on 4-1-, 1934. Death is said to have occurred on the date stated above, at 9 p.m.

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

Apoplexia  
SIA

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) J. B. Lutten, M. D.  
(Address) Camden, Mo.

FATHER MOTHER

100

117

118

11

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Jennison Registration District No. 651 File No. \_\_\_\_\_  
 Township Libb Prairie Primary Registration District No. 5862 Registered No. 45  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**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.

James Wye

**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) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 3 1934

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

22. I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

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

I last saw h..... alive on \_\_\_\_\_, 19..... Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

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

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

apoplexy Date of onset \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

cerebral

Other contributory causes of importance: \_\_\_\_\_

7. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis

13. NAME

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:

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

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

17. INFORMANT (ADDRESS)

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER (ADDRESS)

Manner of injury \_\_\_\_\_

20. FILED \_\_\_\_\_ 19\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

(Address) \_\_\_\_\_

Ada Martin  
Registrar

**SUPPLEMENTARY**

S-13745