

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

Do not use this space.

31580

1. PLACE OF DEATH

County Saline
 Township Arrow Rock
 City..... (No..... St..... Ward)

Registration District No. 792
 Primary Registration District No. 6038

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

2. FULL NAME John Ernest Townsend

(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 White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Victorine Thorp Townsend</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 30, 1874</u>		
7. AGE	YEARS	MONTHS
	<u>60</u>	<u>3</u>
		DAYS
		<u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer		11. Total time (years) spent in this occupation.....
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).....		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saline County Missouri</u>		
13. NAME <u>John Bryant Townsend</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cooper Co. Missouri</u>		
15. MAIDEN NAME <u>Eliza Dysart</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saline Co. Missouri</u>		
17. INFORMANT <u>Mrs. Victorine T. Townsend</u> (ADDRESS) <u>Nepton, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Townsend Cem.</u> DATE <u>Aug. 3, 1934</u>		
19. UNDERTAKER <u>R. W. Campbell</u> (ADDRESS) <u>Marshall, Mo.</u>		
20. FILED <u>S-10</u> , 19 <u>34</u> <u>C. L. Lawless</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

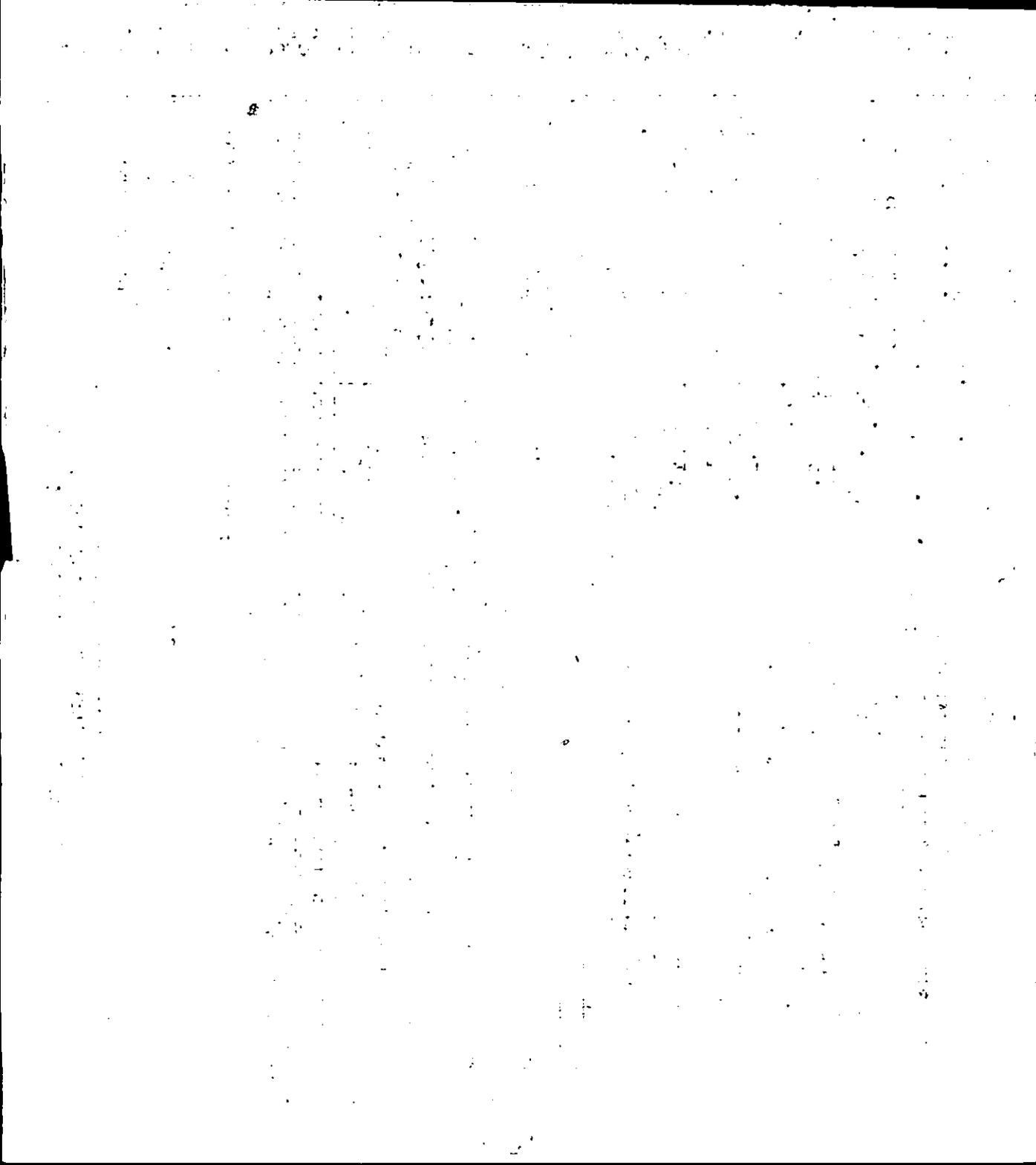
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1934 to Aug 1, 1934
 I last saw him alive on July 31, 1934 Death is said to have occurred on the date stated above, at 9 a. m.
 The principal cause of death and related causes of importance were as follows:
Hypertatic Pneumonia Date of onset.....
92A
107A
 Other contributory causes of importance:
Valvular heart lesion

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... No 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) M. S. McQuinn, M. D.
 (Address) Boonville, Mo.

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.



Palmer

WASHINGTON

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: John Ernest Townsend
Who died at _____ on Aug 1 - 1934
Residence: No. _____ St. _____
(If nonresident, (city or town))

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex m Color or race w Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 60 Months 3 Days 1

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) Bronx, N.Y.
Birthplace of mother (State or country) _____
Principal cause of death: My postate Pneumonia
signat M.S. McGuire M.D. Boonville Mo

Other contributory causes of importance Valvular heart lesions
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____
Signature of Registrar C. L. Lawless Date filed Nov 10 1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 792
Primary Reg. Dist. No. 6035

Very truly yours,
E. T. McLaugh
State Registrar
Special Agent.

S 31580

1955 WANDA ACHER

Director Agency