

MAY 25 1935

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

Do not use this space.

8858-a

## 1. PLACE OF DEATH

County Greene  
Township Taylor  
City          (No.         )

Registration District No. 944  
Primary Registration District No. 5438

File No.           
Registered No. 10  
St.          Ward         

## 2. FULL NAME

(a) Residence, No. Jerry Daniels St.          Ward           
(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3, 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
91          26

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) Shelby Co. Indiana

13. NAME Jonah Daniels

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

15. MAIDEN NAME         

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

17. INFORMANT (ADDRESS) James Daniels Turner Station Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Chapel DATE Apr 1 35

19. UNDERTAKER (ADDRESS) Kelley and Ferrell Rocksville Mo.

20. FILED Apr 9 1935 Clyde R. Anderson Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9:26 35, 1935, to any near his onset

I last saw him alive on 3/26 35, 1935. Death is said to have occurred on the date stated above, at 9:45 A.M.

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

Cerebral Hemorrhage Date of onset         

Other contributory causes of importance:

Arterial Sclerosis

Name of operation          Date of         

What test confirmed diagnosis?          Was there an autopsy?         

23. If death was due to external cause (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. F. Ferrell, M. D.  
(Address) Springfield Mo.

Mr. C. J. ...  
New York

**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 Greene  
Township Taylor  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 944  
Primary Registration District No. 5438

File No. \_\_\_\_\_  
Registered No. 10  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Jerry Daniel

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX \_\_\_\_\_ 4. COLOR OR RACE \_\_\_\_\_ 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, _____ hrs. or _____ min. |
|--------|-------|--------|------|--|
|        |       |        |      |  |

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19 \_\_\_\_\_

19. UNDERTAKER (ADDRESS)

20. FILED

19. Chyde R. Anderson  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 29, 1935

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

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

\_\_\_\_\_ Date of onset \_\_\_\_\_  
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) \_\_\_\_\_, M. D.  
(Address) \_\_\_\_\_

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

STATE OF KANSAS  
CHAUTAUQUA COUNTY           SS.

C. A. Gilman being first duly sworn upon his oath deposes and says.

THAT I am a merchant in the City of Sedan, Kansas and I am 74 years of age.

THAT I have known Jerry Daniel and Louisa Daniel, his wife for about ten years and know that they were married about October 30th, 1924 and lived together in this County on a farm between Sedan and Peru, as man and wife until Jerry Daniel left his said wife about November 1st, 1934.

THAT the said Jerry Daneil died in Green County, Missouri on or about March 29th, 1935.

THAT I have never known of any divorce case being filed between said Jerry Daniel and Louisa Daniel and I am informed and verily believe that they were still man and wife at the time of his death.

C. A. Gilman

Subscribed and sworn to before me this 31st day of May, 1935.

Beatrice Chubb  
Notary Public

My Commission Expires

Feb. 13, 1939

STATE OF KANSAS

SS.

CHAUTAUQUA COUNTY

Mrs. Louisa Daniel being first duly sworn upon her oath deposes and says.

THAT I am a resident of Chautauqua County, Kansas living near the City of Peru, at which place I procure my mail.

THAT I am the widow of Jerry Daniel, who died in the Township of Taylor, County of Green, State of Missouri on March 29th, 1935 and whose death was reported to the Missouri State Board of Health, Bureau of Vital Statistics under registration district No.944, primary registration district No.4538 and registration No. 10.

THAT the correct name of said deceased was Jerry Daniel instead of Jerry Daniels, as shown in said death certificate.

THAT I was married to the said Jerry Daniel on October 30th, 1924 at Sedan, Kansas and have not been divorced from him. The said Jerry Daniel and I lived together in Chautauqua County, Kansas until the 1st day of November, 1934, on which date he left and later died as stated above, while living with his daughter at Turner Station, Green County, Missouri and said Jerry Daniel was not a widower at the time of his death as shown by said record of his death.

Louisa Daniel

Subscribed and sworn to before me this 31st day of May, 1935.

Beatrice Chubb  
Notary Public

My Commission Expires

February 15th, 1939.

MARRIAGE LICENSE RECORD, L.

State of Kansas, Central Division of Vital Statistics

582

1,049

MARRIAGE LICENSE

Probate Court of Chautauqua County.

Sedan, Kansas, October 30, 1924

PERSON AUTHORIZED BY LAW TO PERFORM THE MARRIAGE CEREMONY, GREETING:

YOU ARE HEREBY AUTHORIZED TO JOIN IN MARRIAGE

Jerry Daniel, of Sedan, Kansas, Age 78  
(Groom.)

Louisa J. Reynolds, of Sedan, Kansas, Age 65  
(Bride.)

1) with the consent of \_\_\_\_\_  
(Name of parent or guardian consenting.)  
and of this license, duly indorsed, you will make return to my office at  
Sedan, Kansas, within ten days after performing the ceremony.

J. W. Tout  
Probate Judge.

INDORSEMENT.

IT MAY CONCERN:

I hereby certify that I performed the ceremony joining in marriage the above-named couple, on the 30th day of October, 1924, at Sedan, Kansas.

Signed J. W. Tout

Title Probate Judge

Address Sedan, Kansas

—1123-1-MC—

CERTIFICATE OF COPY WITH VERIFICATION.  
AUTHENTICATION UNDER ACT OF CONGRESS.

Saml Dodsworth Stationery Co., Kansas City 5-34-1

**ATTESTATION BY THE SOLE JUDGE AND EX-OFFICIO CLERK OF THE PROBATE COURT**

STATE OF KANSAS, }  
COUNTY OF Chautauqua } ss. **PROBATE COURT.**

I, the undersigned W. H. Helmick, sole Judge and ex-officio Clerk of the Probate Court, in and for the County and State aforesaid, do hereby certify the foregoing a full, true, complete and correct copy of the marriage license issued to Jerry Daniel and Louisa J. Reynolds and the endorsement thereon

the same appears in the records of said Court.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed

the seal of the said Court at Sedan, Kansas,

this 28th day of June A. D. 1935.

W. H. Helmick  
Sole Judge and Ex-Officio Clerk of the above named Probate Court.

(SEAL)

**CERTIFICATE OF THE PROBATE JUDGE**

STATE OF KANSAS, }  
COUNTY OF Chautauqua } ss. **PROBATE COURT.**

I, the undersigned W. H. Helmick, sole Judge of the Probate Court, in and for said County, the same being a Court of Law and Record, hereby certify that the signature attached to the above certificate purporting to be that of W. H. Helmick is his genuine signature, and that under the laws of the state of Kansas, by virtue of his office as sole Judge of said court, he is also Clerk of said court, and that he was such clerk at the time of making and subscribing the same, and as such Clerk full faith and credit are due his acts, and that the attestation of said Clerk is in due form of law, and by the proper officer, and that the seal affixed thereto is the seal of the Probate Court.

WITNESS my hand and the seal of said Court, at Sedan,

Kansas, this 28th day of June A. D., 1935.

W. H. Helmick  
Probate Judge.

(SEAL)

**VERIFICATION BY EX-OFFICIO CLERK OF PROBATE COURT**

STATE OF KANSAS, }  
COUNTY OF Chautauqua } ss. **PROBATE COURT.**

I, the undersigned W. H. Helmick, ex-officio Clerk of the Probate Court, in and for said County, do hereby certify that W. H. Helmick, whose genuine signature is subscribed to the foregoing certificate, was at the date thereof Probate Judge of said Court, duly commissioned, sworn and acting.

IN WITNESS WHEREOF, I have hereunto set my hand, and affixed

the seal of the said court at Sedan, Kansas,

this 28th day of June A. D. 1935.

W. H. Helmick  
Ex-Officio Clerk of the Probate Court.

(SEAL)

**NOTE—Section 19-1102, Revised Statutes of Kansas, 1923—Provides that the Probate Judge shall be his own Clerk, except in certain instances.**

