

OCT 25 1935

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

Do not use this space.

30133

1. PLACE OF DEATH

County Thos. J. Harrison
Township Franklin
City Charleston

Registration District No. 566
Primary Registration District No. 3030

File No. _____
Registered No. 117
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 215 W. Cleveland St., _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Hull Travelstead</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 13, 1898</u>		
7. AGE	YEARS <u>37</u>	MONTHS <u>7</u>
	DAYS <u>29</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carton Janitor</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Carton Janitor</u>
	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) Harrisburg Ill.13. NAME John Travelstead14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisburg Ill.15. MAIDEN NAME Missouri Ann Collier16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polkville Ill.17. INFORMANT Thos. J. Travelstead (ADDRESS) Charleston, Mo.18. BURIAL, CREMATION, OR REPOVAL PLACE S. O. G. F. Cemetery DATE Sept 14, 193519. UNDERTAKER Frank Taylor (ADDRESS) Charleston, Mo.20. FILED 9/14, 1935 Registrar F. J. Young

MEDICAL CERTIFICATE OF DEATH 5:30 P.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12, 193522. I HEREBY CERTIFY, That I attended deceased from 9-8, 1935, to 9-11, 1935I last saw him alive on 9-1-, 1935 Death is saidto have occurred on the date stated above, at 2.30 m.

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

Luteal Peritonitis Date of onset 9
24

Other contributory causes of importance:

Lues Date of onset 1

Name of operation _____ Date of _____

What test confirmed diagnosis? Lab 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 _____

(Signature) J. G. McClure, M. D.(Address) Charleston, 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.

