

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

Do not use this space.

DEC 2 1935

35528

1. PLACE OF DEATH

County Clinton
Township
City Cameron (No. St. Ward)

Registration District No. 204
Primary Registration District No. 3013

File No.
Registered No. 56

2. FULL NAME Harry Lawrence Middaugh

(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 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 Anna Middaugh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>47</u>	<u>10</u>	<u>28</u>	

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

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) Gameport MO.

13. NAME Alfetta Middaugh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cockwell Co. Mo.

15. MAIDEN NAME Nahomy Mathews

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Mo.

17. INFORMANT Paul Middaugh

(ADDRESS) Cameron Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jones Cemetery DATE Nov. 17, 1935

19. UNDERTAKER F. W. Poland

(ADDRESS) Cameron Mo.

20. FILED Nov 16 1935 D. C. Kieley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from about 10 hours earlier after death

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 5:30 P. day, P. M.

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

acute alcoholism Date of onset

Other contributory causes of importance: grossly enlarged heart

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. C. Stankus coroner, M. D.

(Address) Kawer Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

