

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.

JUN 22 1936

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

Do not use this space.

19987

1. PLACE OF DEATH

County McDonald
Township Ch. - Bates
City Ward (No.)

Registration District No. 963
Primary Registration District No. 3692

File No. 166
Registered No. 39
St. Ward)

2. FULL NAME

(a) Residence, No. Noel, Mo. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 7 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 4, 1855</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>8</u>	DAYS <u>11</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>Severer</u>
	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 O. T. Fargo14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.15. MAIDEN NAME Sarah Hoff16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.17. INFORMANT Ella Whittlesey (ADDRESS) Bellevue City, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Ward, Mo DATE May 18, 193619. UNDERTAKER Van O'Connell (ADDRESS) Pinville, Mo20. FILED 3-20-1936 J. C. Alexander Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15, 193622. I HEREBY CERTIFY, That I attended deceased from 5-15, 1936, to 5-15, 1936I last saw him alive on 5-15, 1936 Death is saidto have occurred on the date stated above, at 9 P. m.

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

Coronary Occlusion
Chronic Myocarditis

Date of onset

Other contributory causes of importance

Coronary of Colon
Serum

Name of operation

What test confirmed diagnosis? Date of

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

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. O. Hammack, M. D.(Address) Southwest City, Mo.

