

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.

MAY 28 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

21774

1. PLACE OF DEATH
County Warren Registration District No. 875
Township Washington Primary Registration District No. 6162
City _____ (No. _____) St. _____ Ward _____
2. FULL NAME Geo. Daffrow
(a) Residence, No. State Hospital # 3 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. 4 mos. 4 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) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2 2 1895
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 41 ? ?
8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. corn 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) _____
13. NAME _____
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
15. MAIDEN NAME _____
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
17. INFORMANT C. Clark, Jackson Co.
(ADDRESS) _____
18. BURIAL, CREMATION, OR REMOVAL Maple Hill Cem. Keokuk DATE May 11, 1936
19. UNDERTAKER Simmons & Son R. O. T. B.
(ADDRESS) _____
20. FILED May 8th 1936 M. E. Schaefer
(Address) _____ Registrar.

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1936
22. I HEREBY CERTIFY, That I attended deceased from Aug. 29, 1935, to May 8, 1936
I last saw him alive on _____, 1936 Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:
Gen. paralysis of the insane (syphilis) (C.M.S.) Date of onset ?
myocardial insufficiency ?
Other contributory causes of importance _____
Name of operation none Date of _____
What test confirmed diagnosis? clinical 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? no
If so, specify _____
(Signed) J. T. O'Dell M. D.
(Address) Newada Mo

