

REC'D AUG 8 1938

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

Do not use this space.

24369

1. PLACE OF DEATH

County Jackson County Registration District No. 330
Township _____ Primary Registration District No. 1002
City Hannas City (No 5331 Highland Ave.) St. _____ Ward _____

File No. _____
Registered No. 2874

2. FULL NAME

Charles Daniels
(a) Residence, No. 5331 Highland Ave. Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 4 mos. 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) No Record

7. AGE YEARS 86 MONTHS 11 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Marietta Ga.

MOTHER 13. NAME Frank Daniel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME Mary Wilmoth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Peter Gamelle Prof
(ADDRESS) 5331 Highland Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marip DATE July 16, 1938

19. UNDERTAKER Quirk and Tabin, Co.
(ADDRESS) Hannas City, Mo.

20. FILED 7-17-38 M. M. Crowe, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15th, 1938

22. I HEREBY CERTIFY, That I attended deceased from October, 1934, to July 15, 1938

I last saw him alive on July 14, 1938 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset _____

g26 5 days

Other contributory causes of importance:

Arteriosclerosis 10 years

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____

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) Saul J. Kourben M.D.
(Address) 1402 Bryant Bldg

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.

