REC'D MAR 15 1939

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

Do not use this space.

File No. 6644

Registered No. 5

Registration District No. 355

Primary Registration District No. 5497

1. PLACE OF DEATH

County: Henry

Township: Deepwater

City: La Dure RR (No. ..... St. ..... Ward)

2. FULL NAME: Ralph Wilson Stream

(a) Residence, No. ..... 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. 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma S. Stream

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 15 - 1883

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	6	20	

OCCUPATION

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

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 COUNTY): Scheridan, Iowa

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): ?

MOTHER

15. MAIDEN NAME: Sally Slater

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Unknown

17. INFORMANT (ADDRESS): Mrs. N. Maddox

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Englewood Cem DATE: 2-9, 1939

19. UNDERTAKER (ADDRESS): Lemmert & Lemmert Montrose Mo.

20. FILED: 2/9, 1939 W. E. Baggerly, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 5, 1939

22. I HEREBY CERTIFY, That I ~~attended~~ visited deceased from ....., 19..., to Feb 5, 1939

I last saw him alive on ~~alive on~~ dead body Feb 5, 1939. Death is said to have occurred on the date stated above, at about 2 P. m.

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

	Date of onset
Death due to hanging by neck	Feb 7 1939

Other contributory causes of importance: Alone 165

Name of operation: None Date of .....

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ....., 19...

Where did injury occur? At home Clinton Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. At home on his farm

Manner of injury: Hanging by neck

Nature of injury: Twisted neck & broken

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. B. Hughes, M. D.

(Address) Crown Hotel Clinton Mo

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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.

RECEIVED
District Health Officer No. 7,
District File Number 7-39-438
Date Filed 3-10-39