

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.

REC'D MAR 9 1939

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

Do not use this space.

6893

1. PLACE OF DEATH

County Jasper
Township Meruval
City W.B. Hospital

Registration District No. 413
Primary Registration District No. 5559. C.
WEBB CITY.

File No. 6893
Registered No. 9
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 1701 D. Main St.

Ward. Orthodox
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 9 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Bell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 - 1872

7. AGE YEARS 66 MONTHS 7 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meier
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) Kansas

MOTHER 13. NAME J. A. Bell

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

15. MAIDEN NAME Mary E. M^e Grouder

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

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Farmers Cem. DATE Feb. 13, 1939

19. UNDERTAKER (ADDRESS) Russ Mortuary
Carthage

20. FILED FEB. 13, 1939. 19. J. P. Schmitt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1939

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1938, to Feb 10, 1939.

I last saw him alive on Feb 10, 1939. Death is said to have occurred on the date stated above, at 6:55 a.m.

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

Pulmonary
Delect. Tuberculosis
Other contributory causes of importance: 23

Name of operation None Date of _____
What test confirmed diagnosis? Pos. spu 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) John E. Doughton, M. D.
Carthage (Address)

RECEIVED

District Health Officer No. 6,

District File Number 6-39-471

Date Filed MAR 4 1939