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.

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

Do not use this space.

47 1. PLACE OF DEATH [illegible] 1939

County Iron — Registration District No. 1159 — File No. 32552

Township ~~Belleview~~ Iron — Primary Registration District No. 5549 — Registered No. 9

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME John Bunyan Twomey

(a) Residence, No. Caledonia Mo. St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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 Caroline Twomey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1859

7. AGE — YEARS: 80 — MONTHS: 0 — DAYS: 0 — If LESS than 1 day, ... hrs. or ..... min.

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 COUNTRY) Reynolds Co. Mo.

FATHER
13. NAME Huey Twomey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Lettuce Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) John Twomey Caledonia Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Caledonia Mo. DATE Sept 16, 1939

19. UNDERTAKER (ADDRESS) Norman White & Sons Ironton Mo.

20. FILED Oct 9, 1939 Mrs. J. A. Townsend, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9/2, 1939, to 9/15, 1939

I last saw him alive on 9/15, 1939 Death is said to have occurred on the date stated above, at 3.30P m.

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

nephritis — Date of onset 1936

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Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify no

(Signed) J. P. [illegible], M. D.

356 (Address) Irondale, Mo