

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

Do not use this space.

22644

1. PLACE OF DEATH *Call*
 26 County *Marion* Registration District No. *211*
 Townshp *Marion* Primary Registration District No. *5291*
 Village *Eleton* (No.) St. Ward) *9*

2. FULL NAME *John W. Council*
 (a) Residence. No. *Marion, Mo.* 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. *2* 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) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Sadie Dawson*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Jan 30 - 1859*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 6

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. *Farmer*
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Call Mo.*

10. NAME OF FATHER (Name) *(Piera) (Abel) Council*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Call Mo.*

12. MAIDEN NAME OF MOTHER *Mary Catlett*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Call Mo.*

14. INFORMANT *Lang Council*
 (Address) *Marion Mo.*

15. FILED *7/30, 1933* *H. T. Leach, M. D.* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *July 30 1933*

17. I HEREBY CERTIFY, That I attended deceased from *June 7, 1933* to *July 30, 1933* that I last saw him alive on *July 29, 1933*, and that death occurred, on the date stated above, at *9-a* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
920 (duration) *2* yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *930* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED *Marion Mo.*

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *no* DATE OF.....

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS *Symptoms*
 (Signed) *H. T. Leach* M. D.
 , 19 (Address) *Eleton Mo.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
New Hope Cemetery Marion Mo. *Aug 1 1933*

20. UNDERTAKER ADDRESS
Dawson-Tanner *Call Mo.*

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.

AUG 22 1933

