

OCT 25 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

32808

1. PLACE OF DEATH

County *Sanitar*Township *Waller*City *California*(No. *1*)Registration District No. *571*Primary Registration District No. *4335*

File No.

Registered No. *50*

St.

Ward)

2. FULL NAME

(a) Residence, No. *California*

St.

Ward.

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)

Single

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

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

Mar 29 1930

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*8**5**9*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc.

School child

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)

California

MOTHER FATHER

13. NAME

True Haby

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

California

15. MAIDEN NAME

Margaret Longan

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

California

17. INFORMANT (ADDRESS)

True Haby

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Memorial*DATE *Sept 9 1938*

19. UNDERTAKER (ADDRESS)

J. W. Wicks & Son

20. FILED

9-9-1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Sept 7 1938

22. I HEREBY CERTIFY, That I attended deceased from

*Oct 1 1937, to Sept 7 1938*I last saw him alive on *Sept 7 1938* Death is saidto have occurred on the date stated above, at *430* m.

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

Streptococci Septicemia
Cause unknown
Anemia, secondary

Date of onset

Other contributory causes of importance:

Nephritis + Splenitis
chronic, cause unknown

Name of operation

none

Date of

What test confirmed diagnosis?

*Labatory test*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) *L. L. LaTham*, M. D.

564 (Address)

California no

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

32808

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1. PLACE OF DEATH

(a) County Moniteau Registration District No. 571
(b) Township California Primary Registration District No. 4335- Registered No. _____
(c) City California (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Robt. Logan Harvey St. ?
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

S

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

8

5

9

OCCUPATION

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

9. Industry or business in which work
was done, as 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. FUNERAL DIRECTOR
(ADDRESS)

20. FILED

9-9-38 H. R. Poley
Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

Sept 7 1938

22. I HEREBY CERTIFY, That I attended deceased from

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I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Date of onset

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

(Signed) L. F. Latham, M. D.

(Address) California mid

