

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

Do not use this space.

9743

1. PLACE OF DEATH

County Way
Township Richmond
City Henrietta (No.)

Registration District No. 744
Primary Registration District No. 5976B

File No.
Registered No. 21 St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 16th 1928</u>		
7. AGE	YEARS <u>3</u>	MONTHS <u>11</u>
	DAYS <u>27</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>—</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>	
	10. Date deceased last worked at this occupation (month and year) <u>—</u>	11. Total time (years) spent in this occupation <u>—</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henrietta Mo.</u>		
FATHER	13. NAME <u>James E. Dailey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Caudeville Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Lizzie True Keel</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henrietta Mo.</u>	
17. INFORMANT <u>James E. Dailey</u> (ADDRESS) <u>Henrietta Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City Cem.</u> DATE <u>3-14</u> 19 <u>32</u>		
19. UNDERTAKER <u>A. W. Mansury</u> (ADDRESS) <u>Richmond Mo.</u>		
20. FILED <u>3-25</u> 19 <u>32</u> <u>E. E. Day</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-12 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/13th 1932, 19... to 3/13th 1932, 19...

I last saw him alive on 3/13th 1932, 19... Death is said to have occurred on the date stated above, at 1.30 A. M.

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

Cerebro Spinal Meningitis

Date of onset

Other contributory causes of importance: None

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) Dr. Wm. H. Dugan M. D.
(Address) Richmond, 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.

WRITE CAREFULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 28 1932

