

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.

36449

File No. 1732

Registered No. 22

1. PLACE OF DEATH: *Lupus*County: *Linn*Township: *Linn*City: *Linn*

Registration District No. 574

Primary Registration District No. 5772A

(No. *5772A*)St. *Linn* Ward2. FULL NAME *John Will Templeton*(a) Residence. No. *1* St. *Linn* Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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. IS MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Oct 14 - 1867*7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*64 1 3*

## 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) *Decatur*  
(STATE OR COUNTRY) *Cole county*10. NAME OF FATHER *Abraham Templeton*11. BIRTHPLACE OF FATHER (CITY OR TOWN) *unknown*  
(STATE OR COUNTRY) *31*12. MAIDEN NAME OF MOTHER *unknown*13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *unknown*  
(STATE OR COUNTRY)14. INFORMANT *Mark Akers*  
(Address) *Lupus, Mo.*15. FILED *11-17, 1931* *Ellis E. Raikes*  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *11-17* 19*31*17. I HEREBY CERTIFY, That I attended deceased from *Jan 1* 19*30* to *11-17* 19*31*.  
that I last saw him alive on *Oct 17* 19*30*, and that death occurred, on the date stated above, at *7:20 p.m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Tuberculosis of Lung*  
*23A, 12*  
(duration) yrs. mos. ds. *unknown*CONTRIBUTORY  
(SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *no* DATE OF *11-17*WAS THERE AN AUTOPSY? *no*WHAT TEST CONFIRMED DIAGNOSIS *Misc. ex. p. p.*(Signed) *A. H. Meredith* M. D.*11-17, 1931* (Address) *Prague, 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

*Bethel Church* *11-18* 19*31*

20. UNDERTAKER ADDRESS

*Chas. F. Luch* *Janestown*

