

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

AUG 24 1936

Do not use this space.

27389

1. PLACE OF DEATH

County Montgomery

Township Waller

City California

Registration District No. 571

Primary Registration District No. 4535

File No. 52

Registered No. 52

St. Mo.

Ward

2. FULL NAME

(a) Residence, No. John Wesley Childs

(Usual place of abode)

St. Mo.

Ward

(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

W

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)

July 14 - 1863

7. AGE

73

YEARS

MONTHS

11

DAYS

11

If LESS than 1 day, hrs. or min.

OCCUPATION

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

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)

West Virginia

13. NAME

Parlton Childs

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

Dont know

15. MAIDEN NAME

Anna Jones

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

Dont know

17. INFORMANT (ADDRESS)

Lucy Adair
California Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Spice Creek

DATE 7-27-1936

19. UNDERTAKER (ADDRESS)

Waller & Freeman
California Mo

20. FILED

7-29-1936

J. R. Popjoy
Registrar

MEDICAL CERTIFICATE OF DEATH

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

July 25 1936

22. I HEREBY CERTIFY That I attended deceased from

July 18 1936 to July 25 1936

I last saw him alive on July 18 1936 Death is said

to have occurred on the date stated above, at 11 A. m.

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

Arteriosclerosis
Chronic myocarditis

Date of onset

Other contributory causes of importance:

930

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) J. H. Benson D.O.

(Address) California Mo.

