

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

Do not use this space.

29877

1. PLACE OF DEATH  
 County Coole Registration District No. 213 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Precinct Registration District No. 3014 Registered No. 265  
 City Jefferson (Name of Hospital) St. Mary's Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Joseph Daniel  
 (a) Residence No. \_\_\_\_\_ 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. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Unknown

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-14-1927

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

17. I HEREBY CERTIFY That I attended deceased from Oct 7, 1927, to Oct 14, 1927  
 that I last saw him alive on Oct 14, 1927, and that death occurred, on the date stated above, at 6 P.M.

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

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Nephritis, Chronic Interstitial

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
abt. 60

1290 (duration) yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) Ur.emia  
131 (duration) yrs. mos. ds. 4

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: no

10. NAME OF FATHER Unknown

DID AN OPERATION PRECEDE DEATH: no DATE OF \_\_\_\_\_

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

WAS THERE AN AUTOPSY: no

12. MAIDEN NAME OF MOTHER Unknown

WHAT TEST CONFIRMED DIAGNOSIS: clinical

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

(Signed) M.A. Clark, M.D.

14. INFORMANT W.O. Debs  
 (Address) J.G. Mo.

1011 S. 19 St (Address) Jefferson City

15. FILED Oct 26 1927 J. G. Bedford M.D. REGISTRAR

\*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 City Cem. J.G. Mo. DATE OF BURIAL 10-16-1927

20. UNDERTAKER C.P. Neirische ADDRESS J.G. Mo.

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.

NOV 23 1927

