

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

Do not use this space.

27043

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No. _____
 Township _____ Primary Registration District No. 1001 Registered No. 1005
 City St. Joseph (No. State Hospital for Insane No. 2 St. _____ Ward)

2. FULL NAME

(a) Residence. No. State Hosp # 2 St. Howard (If nonresident give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 9 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) year 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 unk unk

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Blacksmith
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Hosp Records
 (Address) St Joseph Hosp
John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 25 1929

17. I HEREBY CERTIFY, That I attended deceased from April 1 1929, to Aug 20 1929 that I last saw him alive on Aug 25 1929 and that death occurred, on the date stated above, at 11 29a M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
99 B

CONTRIBUTORY arteriosclerosis
 (SECONDARY)

18. WHEN WAS DISEASE CONTRACTED 7401
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) P. G. Doney M. D.
8-25-1929 (Address) State Hosp # 2 St Joseph

*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 Kansas City, Mo DATE OF BURIAL Aug 27 1929
 20. UNDERTAKER Henton Royal [Signature] ADDRESS 319 So. 10

Funeral Home

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.

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 AUG 31 1929

