

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

Do not use this space.

41029

1. PLACE OF DEATH

County Jackson
Township Prarie
City (No.) (St.) (Ward)

Registration District No. 45500
Primary Registration District No. 2530

File No.
Registered No. 785

2. FULL NAME Thomas F. Daniels

(a) Residence. No. J. & Home 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-22-1929

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

17. I HEREBY CERTIFY, That I attended deceased from 12-21, 1929, to 12-22, 1929 that I last saw him alive on 12/21, 1929 and that death occurred, on the date stated above, at 2:30 am.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-19-1859

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 7 3

acute indigestion
11/26 (duration) yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) over eating
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

10. NAME OF FATHER undkn

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS clinical

(Signed) J. W. Hester, M. D.

12. MAIDEN NAME OF MOTHER undkn

1929 (Address) Independence 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.

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

14. INFORMANT J. W. Hester (Address) Jackson Co. Home

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Maple Hill DATE OF BURIAL 12-24-1929

15. FILED 12-24-29 J. W. Hester REGISTRAR

20. UNDERTAKER: Hester ADDRESS no

CAUSE OF DEATH in plain terms, so that it may be properly classified.

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