

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

Do not use this space.

5003

1. PLACE OF DEATH

County Jackson
Township Raw
City K. P. Mo

Registration District No. 399
Primary Registration District No. 1002
(No. Mercy Hospital)

File No. _____
Registered No. 1000
St. _____ Ward _____

2. FULL NAME

Edward Dale St. John
(a) Residence. No. El Mica, Mo St., _____ 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 M 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) Dec 4 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
— 2 8

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) El Mica Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Wm. St. John
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER Dora Daniels
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Wm. St. John
(Address) El Mica Mo

15. FILED 1/2 30 M.M. Brown
REGISTRAR Adels

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-12 19 30

17. I HEREBY CERTIFY, That I attended deceased from 1-30-30 to 2-12-30 that I last saw him alive on 2-7-30 and that death occurred, on the date stated above, at 2 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicemia
56 E
89 D
(duration) _____ yrs. _____ mos. 8 ds.

CONTRIBUTORY (SECONDARY) Outs. medica & Rheumatic fever
(duration) _____ yrs. 1/2 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
Home
NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab
(Signed) Patricia M.D.
1/2 19 30 (Address) Mercy Hosp.

*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 Elmira Mo DATE OF BURIAL Feb 13 30

20. UNDERTAKER J. M. Hall ADDRESS Elmira Mo

RECORDS TO BE KEPT IN THIS MANNER. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

