

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

Do not use this space.

23064

2978

1. PLACE OF DEATH

County Jackson
Township Jean
City Tamassee (No. 72)

Registration District No. _____
Primary Registration District No. General Hosp

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

2. FULL NAME

(a) Residence, No. 406 Adams Ct. Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-31, 1932

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

22. I HEREBY CERTIFY, That I attended deceased from 7-30, 1932 to 7-31, 1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2 1885

I last saw him alive on 7-31, 1932 Death is said to have occurred on the date stated above, at 10:00 P.M.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>46</u>	<u>9</u>	<u>29</u>	

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

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Washington Hotel

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Cholelithiasis with obstructive jaundice Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jean Tamassee

Other contributory causes of importance: 12/11/21/6

13. NAME Thomas Goodwin

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? yes

15. MAIDEN NAME Catherine Sanders

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT De wra Clerk

Specify whether injury occurred in industry, in home, or in public place. _____

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury _____ Nature of injury _____

PLACE Boardman DATE Aug 1 1932

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

19. UNDERTAKER W. A. Pitts

(Signed) _____ M. D.

20. FILED 7/1 1932 M. M. Crove Registrar.

(Address) 8-1-32 Supt. J. C. Gen. Hosp. J. C. M.

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.

