

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

Do not use this space.

254

25702

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township St Joseph Final Registration District No. 1001 #2 File No. _____
 City St Joseph (No. State Hosp #2) Registered No. 827 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Keystone Mo 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

3. SEX M 4. COLOR OR RACE white 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) Year 1861

7. AGE YEARS 72 MONTHS unknown DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. _____

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Pennsylvania

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Germany

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Germany

17. INFORMANT (ADDRESS) Hospital Records #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Keystone Cem DATE 8/22/33

19. UNDERTAKER (ADDRESS) Stingley - Steiner, F.H.

20. FILED AUG 22 1933 John A. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1930, to Aug 16th 1933

I last saw him alive on Aug 16th 1933 Death is said

to have occurred on the date stated above, at 5:35 p.m.

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

Pulmonary Tuberculosis

Other contributory causes of importance: 23

Name of operation _____ Date of _____

What test confirmed diagnosis? Chured Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

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

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J.P. Smith, M. D.

(Address) State Hosp #2

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

SEP 26 1933

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