

NOV 20 1934

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

Do not use this space.

36319

## 1. PLACE OF DEATH

County JacksonRegistration District No. 400Township PraguePrimary Registration District No. 5553BCity Home (No. 1 to Home)

File No. ....

Registered No. 232

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. Jackson County, Home 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

male

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

Single

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

10-19-1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

701120

OCCUPATION

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

Farmer

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

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)

Ill.

FATHER

13. NAME

Unknown

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

Unknown

MOTHER

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

Bernest Jackson

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Home

DATE

Oct 24 34

19. UNDERTAKER (ADDRESS)

W. L. Green

20. FILED

Oct 24 1934

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 1934

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1934, to 10-9, 1934I last saw him alive on 10/8, 1934. Death is saidto have occurred on the date stated above, at 4:40 a.m.

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

Diabetes mellitus Date of onset6959

Other contributory causes of importance:

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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.

WRITE CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

