

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

Do not use this space.

0728 SEP 18 1935

25694

1. PLACE OF DEATH

County Lachaw

Registration District No. 85

File No. _____

Township St. Joseph

Primary Registration District No. 1001

Registered No. 913

City St. Joseph (Non-Sub Corp # 2)

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

St. _____

Ward. Princeton Ind

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17 1878

7. AGE

YEARS 56

MONTHS 9

DAYS 13

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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) Merced Mo

13. NAME James D. Owen

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

15. MAIDEN NAME Matie

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

17. INFORMANT (ADDRESS) Moel Mose Princeton Mo

18. BURIAL, CREMATION OR REMOVAL

PLACE St. Joseph Mo

DATE Sept 1 1935

19. UNDERTAKER (ADDRESS) Nov Mose Princeton

20. FILED 9-3-1935

John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 1935

22. I HEREBY CERTIFY, That I attended deceased from July 16 1933 to Aug 30 1935

I last saw h. alive on Aug 29 1935 Death is said to have occurred on the date stated above, at 2:00 p.m.

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

Chronic Myocarditis
Onset Prior 7/16/33

Other contributory causes of importance:

Chronic Arteriosclerosis
Onset prior 7/16/33

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) Dr. Clayton Smith, M. D.

(Address) Lock Box 1163 St. Joseph Ind

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.

