

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

Do not use this space.

SEP 25 1935

26369

1. PLACE OF DEATH

County Jackson  
Township Jean  
City Camas City (No. 72 C; Gen. Dist. 1002)

Registration District No. 399  
Primary Registration District No. 1002

File No. ....  
Registered No. 3111  
St. .... Ward)

2. FULL NAME

(a) Residence, No. 2708 E. 72nd St Ward. ....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 46 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 Mrs. E. Davidson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>50</u>	<u>2</u>	<u>22</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.  
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) Mo.

FATHER 13. NAME Wm. C. Cuthbert

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

MOTHER 15. MAIDEN NAME Wm. C. Patricia

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

17. INFORMANT (ADDRESS) De W. C. Clerk, 72 C Gen. Dist. 1002

18. BURIAL, CREMATION, OR REMOVAL PLACE Shamell DATE Aug 6 - 35

19. UNDERTAKER (ADDRESS) Mrs. E. L. Foster, 918 Broadway, Ave.

20. FILED Aug. 5, 1935 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-4 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-2 1935, to 8-4 1935

I last saw h alive on 8-4 1935 Death is said

to have occurred on the date stated above, at 2:20 a.m.

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

Bronchopneumonia Date of onset  
107 a  
Other contributory causes of importance:  
Pneumococic meningitis

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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? .....  
If so, specify .....

(Signed) S. H. Jensen M. D.  
(Address) 507 E. Gen. Dist. 1002

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.

