

APR 15 1936

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

Do not use this space.

9467

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001

City

St. Joseph (No. St. Joseph Hosp.)

File No.

Registered No. 476

St.

Ward)

2. FULL NAME

(a) Residence, No. 6806 Washington 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. 6

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oscar Eads6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7-19097. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 8 238. 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) July 193511. Total time (years) spent in this occupation life12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farming Kansas13. NAME James Blanton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farming Kansas15. MAIDEN NAME Alice Thomas16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy Kansas17. INFORMANT Alice Blanton (ADDRESS) Troy Kansas18. BURIAL, CREMATION, OR REMOVAL PLACE Troy-Kansas DATE 3-30 193619. UNDERTAKER (ADDRESS) C. F. Kerr20. FILED 3-31- 1936 J. M. K. Ruder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30 193622. I HEREBY CERTIFY, That I attended deceased from 3-20, 1936, to 3-30, 1936I last saw him alive on 3-20, 1936 Death is said to have occurred on the date stated above, at 8:30 p.m.

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

Pneumonia T. B.

Date of onset

Other contributory causes of importance:

Name of operation none Date of operationWhat test confirmed diagnosis? laboratory 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) A. J. Smith, M. D.(Address) P.O. Box 257

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.

