

APR 20 1936

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

Do not use this space.

11228

1. PLACE OF DEATH

County Jasper
Township Mineral
City St. Bern Hospital (No. _____)

Registration District No. H13
Primary Registration District No. 5559C

File No. _____
Registered No. 228
St. _____ (Ward)

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Jasperville
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 2 mos. 13 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 Wm M. Jaard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
46 6 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture
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) Jesse P. Mo

MOTHER 13. NAME N. A. Jaard

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

15. MAIDEN NAME Mary William

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

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabool, Mo DATE Mar 19 1936

19. UNDERTAKER (ADDRESS) Walt City, Mo

20. FILED 3/26 1936 Harry A. Weaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1936 to March 18 1936
I last saw him alive on March 17 1936 Death is said to have occurred on the date stated above, at 4:45 m.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: _____
Inadequate Medication
Inadequate Diet

Name of operation _____ Date of _____
What test confirmed diagnosis? No 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) James E. Dangler, M. D.
(Address) Walt City

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.

