

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

Do not use this space.

41 OCT 20 1936

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St Joseph

(No. State Hospital #2)

File No.

33729

Registered No.

1198

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1119 Ohio St St Joseph St., _____ Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 11 mos. 9 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary K. Dearing.

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1935, to Sept 21, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26 1866

I last saw him alive on Sept 21, 1936. Death is said to have occurred on the date stated above, at 11:30 a.m.

7. AGE YEARS 70 MONTHS 0 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

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

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

Chronic Myocarditis Indef. Date of onset _____

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: Senility

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME William Dearing

Name of operation None Date of _____

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

What test confirmed diagnosis? Clinical Was there an autopsy? No

15. MAIDEN NAME Elizabeth Rager

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Records-State Hosp #2

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Auburn Cemte Sept 23 1936

Manner of injury _____

19. UNDERTAKER (ADDRESS) Clack Mortuary 508 1/2 E. Main St. St Joseph Mo

Nature of injury _____

20. FILED 9-22 1936 W. H. Pesthusel Registrar.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) E. P. DeLang M. D.

(Address) State Hosp #2

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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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