

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

Do not use this space.

MAY 18 1937

1. PLACE OF DEATH

County DuChesne
Township Frankston
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
MO. METHO. HOSPITAL

File No. 15766
Registered No. 471
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Lennett Lane Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OF RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 1870
7. AGE YEARS 66 MONTHS 9 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME Unknown James C. Ely.

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. James W. Ely. Lennett Lane

18. BURIAL, CREMATION, OR REMOVAL PLACE Lennett La DATE 4-18 1937

19. UNDERTAKER (ADDRESS) Flanagan & Son Inc. 1946 Colburn, St. Joseph, Mo.

20. FILED April 16 1937 H. J. Rothbusch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 1937
22. I HEREBY CERTIFY, That I attended deceased from Mar. 14 1937, to April 16 1937
I last saw him alive on April 16 1937. Death is said to have occurred on the date stated above, at 3:30 P. m.
The principal cause of death and related causes of importance were as follows:

Post operative shock - Resection Rectum. Date of onset April 16.
Other contributory causes of importance No Cancer Rectum

Name of operation Resection Rectum Date of Apr 16
What test confirmed diagnosis? Microscopic 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) W. S. Sarnad, M. D.
(Address) St. Joseph Mo.

WRITE PLAINLY, WITH EXPANDING INSTRUMENTS 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.

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Thomson
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