

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

JUN 12 1937

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19107

1. PLACE OF DEATH

County Jackson
Township Kaw
City Keokuk

Registration District No. 1002
Primary Registration District No. 423. Norton 2

File No. 19107
Registered No. 2000
St. 2000 Ward

2. FULL NAME

(a) Residence, No. 423 Norton St., 1 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 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) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elyzabeth Rhodes

22. I HEREBY CERTIFY, That I attended deceased from 5-20-37, 1937, to 5-20, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 22 - 1859

I last saw him alive on May 20, 1937 Death is said to have occurred on the date stated above, at 10P m.

7. AGE YEARS 77 MONTHS 5 DAYS 28 If LESS than 1 day, 0 hrs. or 0 min.

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

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

Chronic Interstitial nephritis - (Date of onset 5-5-35)

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

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

Other contributory causes of importance: Chronic myocarditis (5-4-35)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Darlington, Wisc

13. NAME Mark Gray

Name of operation — Date of —
What test confirmed diagnosis clinical Was there an autopsy? —

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Binghamton, NY

15. MAIDEN NAME Emily Hatfield

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) Binghamton, NY

Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Mrs G B Rowell, 423 Norton

Manner of injury —
Nature of injury —

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Rita Kansas DATE May 22, 1937

19. UNDERTAKER (ADDRESS) J. D. Chambers, 212 So. Kaw

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Charles Nelson, M. D. (Address) 1200 E. of Bldg

20. FILED May 21, 1937 M. M. Crowe Registrar.

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