

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.

SEP 1 4 1938

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

Do not use this space.

1. PLACE OF DEATH

County BucksonRegistration District No. 85

Township

Primary Registration District No. 1001

City

St. Joseph(No. State Hosp # 2)File No. 28413Registered No. 966

St.

Ward

2. FULL NAME

(a) Residence, No. Little Blue Mo St. Little Blue, Mo.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 5 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)

Single

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

Single

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

1866

7. AGE

72

YEARS

MONTHS

2 1/2

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Steamfitter

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

10. Data deceased last worked at this occupation (month and year)

Unknown

11. Total time (years) spent in this occupation

Life

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

Sweden

13. NAME

Unknown

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)

Mo State Hosp # 2

18. BURIAL, CREMATION, OR REMOVAL

PLACE State Hosp # 2 DATE Sept 2, 1938

19. UNDERTAKER (ADDRESS)

Heaton, Bessie & Bowman
319 So. 1st St. - Funeral Home

20. FILED

9-7 1938 W. W. Webber
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

August 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from

August 25, 1938 to Aug 30, 1938I last saw him alive on Aug 29, 1938 Death is saidto have occurred on the date stated above, at Mo

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

Bronchopneumonia95

Other contributory causes of importance:

Hypertensive Heart DiseaseName of operation None Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) E. E. DeLong M. D.(Address) St. Joseph MoDate of onset
Aug 28
1938

Not embalmed.
Hester Bell & Bowman