

REC'D APR 15 1939

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

Do not use this space.

1. PLACE OF DEATH

County Wasper Registration District No. 443
Township Wasson Primary Registration District No. 5559. C.
City 910 Hospital (No. WEBB CITY, St. St. Joseph Ward)

File No. 11214
Registered No. 19

2. FULL NAME 2nd Louis Testy

(a) Residence, No. St. Joseph Ward. St. Joseph
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 7 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) (NO RECORD) <u>1878</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>✓</u>	DAYS <u>✓</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Printer</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Printing Works</u>	
	10. Date deceased last worked at this occupation (month and year)	

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

FATHER 13. NAME Nicholas Testy

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lithuania

MOTHER 15. MAIDEN NAME Rosie Goodrich

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lithuania

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. JOSEPH, MO. DATE MCH. 25. 39

19. UNDERTAKER (ADDRESS) Clark & McQuary ST. JOSEPH, MO.

20. FILED MCH 24. 39. 19 R. D. Pritchett M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MCH 24. 1939

22. I HEREBY CERTIFY, That I attended deceased from July 31 1936, to MCH 24 1939
I last saw him alive on MCH 23 1939. Death is said to have occurred on the date stated above, at 3:20 m.

The principal cause of death and related causes of importance were as follows:
Pulmonary
Silico-Tuberculosis

Date of onset

Other contributory causes of importance: 78

Name of operation None Date of None
What test confirmed diagnosis? As above 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 None, 19None
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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Printing Works
(Signed) Jesse E. Deagan, M. D.
(Address) St. Joseph

WRITE PLAINLY, WITH UNFADING INK---THIS 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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-693

Date Filed APR 3, 1939