

1939 MAY 19 1939

728

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

Do not use this space.

1. PLACE OF DEATH

County Luchawan
Township Washington
City St. Joseph Mo.

Registration District No. 85
Primary Registration District No. 1001

File No. 14343
Registered No. 492

2. FULL NAME

(a) Residence, No. Brookfield St., Mo. Ward. Brookfield Mo.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 5 mos. 16 ds. How long in U. S., if of foreign birth yrs. mos. ds.

State Hospital #2, St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Divorced - Georgia Shorter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-7-1878
7. AGE YEARS 61 MONTHS 2 DAYS 1
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Table Waiter R.R.
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) unknown
11. Total time (years) spent in this occupation unk.

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

13. NAME David Wheeler

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

15. MAIDEN NAME Minerva Harvey

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

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookfield Mo. DATE May 10 39

19. UNDERTAKER (ADDRESS) Thomas J. Bowden Brookfield Mo.

20. FILED May 9 1939 A. J. Nestlebusch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1939
22. I HEREBY CERTIFY, That I attended deceased from May 1 1939, to May 8 1939
I last saw him alive on May 8 1939. Death is said to have occurred on the date stated above, at 6:45 P.M.
The principal cause of death and related causes of importance were as follows:

Psychosis with hyperplasia of central nervous system ?
Other contributory causes of importance: 34
Syphilitic myocarditis ?

Name of operation none Date of no
What test confirmed diagnosis inf. & by Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 19 no
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) Dr. H. Breit M. D.
(Address) State Hosp #2

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.

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