

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.

JUN 14 1939
742

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. STATE Hospital #2)

File No. 18093
Registered No. 537
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 11 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. Jackson Co. Mo.
(If nonresident, give city or town and State)

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 ? ?

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. com. laborer
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) (Prob) Ohio

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 (NAME) and Jackson Co. Home
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE State Hospital #2 DATE 5-24-39

19. UNDERTAKER (ADDRESS) FREEMAN and SON INC. 1946 CALHOUN ST. JOSEPH MO

20. FILED May 24 1939 H. G. Nestlebusch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1939, to May 22, 1939

I last saw him alive on 14, 1939. Death is said

to have occurred on the date stated above, at 4 P m.

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

arteriosclerosis

Date of onset ?

Other contributory causes of importance:

(myocardiosis) broncho pneumonia wk. (chronic)

Name of operation none Date of _____

What test confirmed diagnosis? autopsy 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) T. J. O'Neil, M. D.

(Address) St. Joseph

P.B.

No embalming.