

REC'D OCT 12 1939

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

31880

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan 3 Registration District No. 2000
(b) Township 1 Primary Registration District No. 2000 Registered No. 921
(c) City St. Joseph (d) Street St. Joseph Hospital # 2 St.
(e) Length of residence in city or town where death occurred 7 yrs. 11 mos. 11 ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. State Hospital # 2 St. Barksville Mo
(Usual place of abode, if no street address, write county or city) (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) wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no information
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22 1893
7. AGE YEARS 45 MONTHS 8 DAYS 15 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. salesman - ?
9. Industry or business in which work was done, as 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) Ala. 113. NAME C. H. Jally14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala. 115. MAIDEN NAME Sallie Jordan16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala. -17. INFORMANT (ADDRESS) Mrs. A. V. Ellis, Lawrence Hotel, Oklahoma City, Okla.18. BURIAL, CREMATION, OR REMOVAL PLACE Barksville Mo DATE Sept 10, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Summers & Blankenship, Barksville Mo.20. FILED 9/9 1939 H. G. Middlebrook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7 193922. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1937, to Sept. 7, 1939I last saw h. s. s. s. alive on Sept. 7, 1939. Death is saidto have occurred on the date stated above, at 4:25 P. M.
The principal cause of death and related causes of importance were as follows:

Sen. peralypsis of the insane
Syphilis of the C. N. S.
Chronic meningitis-encephalitis

Date of onset 1934Other contributory causes of importance: 83Name of operation none Date of —What test confirmed diagnosis? lum. Was there an autopsy? no23. 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) J. T. O'Neil, M. D.(Address) St. Joseph

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by E. T. Whitaker

Registered Apprentice No. Gone working under my personal supervision.

Signed

W. C. Summers

Licensed Embalmer No.

2159

P. O. Address

Asheville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.