

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

Do not use this space.

**JUN 17 1936**

18659

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
Township Or Joseph Primary Registration District No. 1001  
City St. Joseph St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 748  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Little Blue, Mo  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 25 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1936 to May 26, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26-1850

I last saw him alive on May 26, 1936 Death is said to have occurred on the date stated above, at 7:00 p. m.

7. AGE YEARS 86 MONTHS 3 DAYS 0 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

Arteriosclerotic  
Gangrene Leg from May 18, 36  
Date of onset \_\_\_\_\_

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

Other contributory causes of importance:  
Cerebral Arteriosclerosis with psychomotor 2/3

13. NAME George Foster

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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

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)

15. MAIDEN NAME Elizabeth Parsons

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

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

17. INFORMANT Records State Hosp (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City Mo DATE \_\_\_\_\_ 19\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

19. UNDERTAKER Mr L. J. Farley (ADDRESS) Records

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

20. FILED May 26 1936 H. J. Neel Registrar

(Signed) Dr Clayton Smith M. D.  
(Address) State Hospital #2  
Or Joseph Mo

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.

