

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.

FILED MAY 23 1942

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

Do not use this space.

17869

## 1. PLACE OF DEATH

 County Deklab  
 Township Polk  
 City Union-Star (No. 5367)

 Registration District No. 259212  
 Primary Registration District No. Deklab

 File No. 20  
 Registered No. 0  
 St. 0 Ward

## 2. FULL NAME

(a) Residence, No. RR St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Male 4. COLOR OR RACE Wh. 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) March 31 1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 27

 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 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) Albany Missouri13. NAME Hampton Jones14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adswego N.Y.15. MAIDEN NAME Louise Speaker16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hagerstown Maryland17. INFORMANT (ADDRESS) Jarvis S. Uggenthal Union Star, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Union Star cem. Apr. 29 4219. UNDERTAKER (ADDRESS) Louise M. Wilson King City, Mo.20. FILED 4-29 19 42 Registrar [Signature]

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27 194222. I HEREBY CERTIFY, That I attended deceased from Jaw 1941 to Apr 27, 1942I last saw him live on Apr 26, 1942. Death is said to have occurred on the date stated above, at 10:30 A.M.

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

Acuteia Pectoris Date of onset \_\_\_\_\_Other contributory causes of importance: 948

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) E. M. Reynolds, M. D.(Address) Union Star Mo

MAY 26 1962

I certify that the body was embalmed by me,

Signed

Lucile M. Wilson

King City Mo.

License #

2830