

JUN 24 1927

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

Do not use this space.
14287

1. PLACE OF DEATH

County Rochester

Registration District No. 85

File No. _____

Township _____

Primary Registration District No. 1001

Registered No. 493

City St. Joseph

St. _____

Ward _____

2. FULL NAME

(a) Residence. No. 319 E. 7th

(Usual place of abode)

St. _____

Ward 5

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs. _____

mos. _____

ds. _____

How long in U.S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White Single

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

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

Dec. 12, 1869

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

57 4 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Packing house Employee

(b) General nature of industry, business, or establishment in which employed (or employer)

Swift & Co

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

England

PARENTS

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

George 9007 Reed

(Address)

St. Joseph, Mo.

15.

FILED

1927

John G. 275

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

May 6 1927

17. I HEREBY CERTIFY That I attended deceased from

July 4 1927 to May 6 1927 that I last saw him alive on May 6 1927, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Voluntary throat laceration
Chronic
72A 9000
(duration) yrs. 6 mos. _____ ds.

CONTRIBUTORY (SECONDARY)

Influenza
(duration) yrs. _____ mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Unknown

DID AN OPERATION PRECEDE DEATH

no DATE OF _____

WAS THERE AN AUTOPSY

no

WHAT TEST CONFIRMED DIAGNOSIS

Clinical

(Signed)

57 1927 St. Joseph, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Joseph, Mo May 8 1927

20. UNDERTAKER

ADDRESS

Frank A. Clark 5025 11th St. 4th

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.

