

SEP 27 1927

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

Do not use this space.

23922

1. PLACE OF DEATH

County Cole

Registration District No. 213-

Township

Primary Registration District No. 3014-

City Jefferson City (No. _____)

File No. _____

Registered No. 228-

St. _____ Ward _____

2. FULL NAME Wm Mcintosh

(a) Residence. No. 514 Madison St., _____ Ward. Art's Austin

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

negro

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) July 24 unknown

7. AGE

about 60

YEARS

MONTHS

DAYS

unknown

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

8. OCCUPATION OF DECEASED

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

none

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Austin Ark.

10. NAME OF FATHER

Wm Mcintosh

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

not known

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

not known

14. INFORMANT

(Address)

Rev. D. J. Mcintosh

514 Madison st

15. FILED

8/30-27.

N. O. Bedford

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 27 1927

17.

I HEREBY CERTIFY, That I attended deceased from July 15th, 1927, to Aug 27, 1927, that I last saw him alive on Aug 18, 1927, and that death occurred, on the date stated above, at 3:00 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic nephritis

10290 150

CONTRIBUTORY (SECONDARY)

General debility

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

Don't know

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

20. WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Clinical
R. D. Schubert, M. D.

8-27, 1927 (Address)

Jefferson City, Mo.

*State the DISEASE CAUSING DEATH, or if 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

New City Cemetery

8-30 1927

20. UNDERTAKER

ADDRESS

L. D. Hardiman

508 Monroe

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.

10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100