

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

Do not use this space.

29595

1. PLACE OF DEATH

County Bushanan Registration District No. 85
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph (No. State Hospital 2) St. _____ Ward _____

File No. _____
 Registered No. 1052
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 9 mos. 13 da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

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) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 13 1927

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

17. I HEREBY CERTIFY, That I attended deceased from July 18, 1927, to Oct. 13, 1927 that I last saw alive on Oct. 13, 1927, and that death occurred, on the date stated above, at 4:35 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 1836

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 91 Unknown

Exhaustion of Senility
10 1/2 (duration) yrs. mos. da.

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

CONTRIBUTORY (SECONDARY) Senile Dementia
 (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF DEATH)

10. NAME OF FATHER

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

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

20. WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER

21. WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) Honard Sutton D.D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

10/13, 1927 (Address) 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.

14. INFORMANT (Address) State Hosp. Record St. Joseph Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Kearney Mo. DATE OF BURIAL 10-14 1927

15. FILED OCT 14 1927 John G. W. Jr. REGISTRAR

20. UNDERTAKER Maxim Head Kearney Mo. ADDRESS

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.

1927 108

