

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

Do not use this space.

107-
MAR 16 1928

4139

1. PLACE OF DEATH

County Buchanan
Township St Joseph
City St Joseph (No. State Hosp #2)

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 239
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. State Hosp #2 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. 2 mos. 29 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 | Married

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

Unknown

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

April 1867 (written as about 1867)

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

61 | Unknown | _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work P.R. work.
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT State Hospital Record
Address St Joseph Mo

15. FILED Feb 25 1928
REGISTRAR John G. [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 23. 1928

17. I HEREBY CERTIFY, That I attended deceased from April 1. 1927 to Feb. 23. 1928 that I last saw him alive on Feb. 23. 1928, and that death occurred, on the date stated above, at 8:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

circulr Arteriosclerosis
97
9/13
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

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

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) J. A. [Signature], M. D.

2/23. 1928 (address) State Hospital #2
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Gorin Mo. Feb. 25 1928

20. UNDERTAKER ADDRESS

Fred Clark 5025 K.H. Rd.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Cause of death should be stated EXACTLY. Exact statement of OCCUPATION is very important.

