

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

Do not use this space.

23190

1. PLACE OF DEATH

County Callaway
Township Fullton
City Fullton

Registration District No. 104
Primary Registration District No. 3608

File No. _____
Registered No. 154
St. _____ Ward) _____

2. FULL NAME

John Record

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

Length of residence in city or town where death occurred yrs. mos. 19 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 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) 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
58 | No information

8. OCCUPATION OF DECEASED

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

PARENTS

10. NAME OF FATHER No information

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No information

12. MAIDEN NAME OF MOTHER No information

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No information

14. INFORMANT State Hospital Records (Address) Fullton Mo

15. FILED 7-28-28 P. M. Crews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 27 - 1928

17. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____ that I last saw him alive on July 27 - 1928 and that death occurred, on the date stated above, at 11:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis (acute dilatation)
930
9:30
11:30
CONTRIBUTORY arteriosclerosis & hypertension (SECONDARY)
(duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH... Mo

0 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) T. R. Gray M. D.

7/27 - 1928 (Address) Fullton State Hospital

*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 Columbia Mo DATE OF BURIAL JK 19

20. UNDERTAKER Hernon Taylor ADDRESS Fullton Mo

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.

