

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.

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

Do not use this space.

32786

**1. PLACE OF DEATH**

County... Buchanan  
 Township... St. Joseph  
 City... St. Joseph (No. \_\_\_\_\_)

Registration District No. \_\_\_\_\_  
 Primary Registration District No. State Hosp # 2

File No. \_\_\_\_\_  
 Registered No. 1182  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. State Hosp # 2 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred - yrs. 9 mos. 2 da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male    **4. COLOR OR RACE** Col    **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Divorced

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Oct 14 - 1885

**7. AGE**    YEARS: 43    MONTHS: 0    DAYS: 0    If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work... waiter  
 (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)** Missouri

**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** Mrs Adeel Montgomery  
 Address 1508 Harrison St. Mo.  
 FILED 15 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Oct. 14. 19 28.

**17. I HEREBY CERTIFY** That I attended deceased from Jan 12, 1928, to Oct 14, 1928 that I last saw him alive on Oct 14, 1928, and that death occurred, on the date stated above, at 10 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

General Paralysis of Insane  
83  
34 (duration) yrs. mos. da.

**CONTRIBUTORY (SECONDARY)** Syphilis  
 (duration) yrs. mos. da.

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

**DID AN OPERATION PRECEDE DEATH?** no DATE OF...

**WAS THERE AN AUTOPSY?** no

**WHAT TEST CONFIRMED DIAGNOSIS?** Chusoff Laboratory  
 (Signed) J. R. Chusoff, M. D.  
 Address State Hosp # 2

\*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** Kansas City Mo.    **DATE OF BURIAL** 10/15/28

**20. UNDERTAKER** Ramsay Funeral Service    **ADDRESS** 7th & Olive

