

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

Do not use this space.

37888

1. PLACE OF DEATH

County Rolls

Registration District No. 728

File No. _____

Township Bellevue

Primary Registration District No. 5961

Registered No. 323

City Hannibal

U.S. Home

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ 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. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

Gal

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about - 1846

7. AGE

82

YEARS

MONTHS

DAY

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

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)

Kir

10. NAME OF FATHER

Issac Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kir

12. MAIDEN NAME OF MOTHER

No record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

INFORMANT

(Address)

John Franklin
U. S. F. Home

15. FILED

11-15-28 Marvin Short

REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-7 1928

17. I HEREBY CERTIFY That I attended deceased from 7:30 p.m. Nov 7 - 1928 to Nov 7 1928 that I last saw h. alive on Nov 7 1928, and that death occurred, on the date stated above, at 7:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131
Chronic Nephritis
(duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY)

127
(duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. M. Meacham, M. D.
11/9/28 (Address) 1217 Church St.

*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

DATE OF BURIAL

Robinson Cem

10/18 1928

20. UNDERTAKER

ADDRESS

Geo Robert

Hannibal

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION. PHYSICIANS should state N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

