

JAN 28 1928

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

Do not use this space.

39208

1. PLACE OF DEATH

County Vermon Registration District No. 875
Township Washington Primary Registration District No. 6162
City Nevada (No. _____) St. _____ Ward _____

File No. _____
Registered No. 267

2. FULL NAME

(a) Residence No. State Hospital #3 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. 4 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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 30 1928

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

17. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1928, to Nov. 30, 1928, 1928 that I last saw her alive on Nov. 11, 1928, and that death occurred, on the date stated above, at 11-30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1866-?

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 62 ? ?

Cerebral hemorrhage
traumatic origin - manner
as to injury was recd.
unknown (duration) yrs. mos. 7 da.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work laborer 195
(b) General nature of industry, business, or establishment in which employed (or employer) 820
(c) Name of employer _____

CONTRIBUTORY (SECONDARY) (date of injury not known) (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) New York City (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED not known
IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER not known

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

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

20. WAS THERE AN AUTOPSY? yes

12. MAIDEN NAME OF MOTHER not known

WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) J. S. Hill, M. D.

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

Mr. 30, 1928 (Address) Nevada, Mo.

14. INFORMANT Supt. Co. Home - Jackson Co. (Address)

*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.

15. FILED 12-17 1928 E. R. King REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL State Hospital Cemetery DATE OF BURIAL Dec 7 1928

20. UNDERTAKER Allen U. Hayes ADDRESS Nevada 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.

