

RECORDS DEPARTMENT - MISSOURI STATE BOARD OF HEALTH

Chicago Mo

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

Do not use this space.

40194

23 1929

1. PLACE OF DEATH

County Greene

Registration District No. 318

Township Chicago Mo

Primary Registration District No. 2001

City Chicago Mo

File No. _____

Registered No. 855

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Greene Mo 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

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

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

July 24 - 1913

7. AGE

YEARS MONTHS DAYS
15 4 14
If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER

John Henry

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER

Catherine Kelly

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

14. INFORMANT

(Address) John Henry
Greene Mo

15. FILED

12-9-28 O.C. Horst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 8 1928

17. I HEREBY CERTIFY That I attended deceased from Dec 5 1928, to Dec 8 1928 (that I last saw h. or alive on Dec 5 1928), and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11A
107A Influenza

CONTRIBUTORY (SECONDARY) Broncho-pneumonia (duration) ____ yrs. ____ mos. 3 ds.

(duration) ____ yrs. ____ mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED

1100 IF NOT BY PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Examination

(Signed) Leard S. Johnson, M. D.

12/9/1928 (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.

19. PLACE OF BURIAL, CREMATION OR REMOVAL

Chick Creek, Hugo DATE OF BURIAL Dec 12, 28

20. UNDERTAKER

W.H. Ramsey ADDRESS Springfield Mo

K. 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

