

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

Do not use this space.

1543

1. PLACE OF DEATH

County Jackson
Township Law
City San Jose City (No. Research Hospital)

Registration District No. 399
Primary Registration District No. 1002

File No. 134
Registered No. 134
St. San Jose Ward 1

2. FULL NAME

(a) Residence. No. 28 Prospect St., 7 Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 15, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 2 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant
(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) Barnes

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) New York

14. INFORMANT Katherine M. North
(Address) 728 Prospect

15. FILED 1/11 39 M. M. Crane
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 6, 1929 to Jan 10, 1929
that I last saw him... alive on Jan 3, 1929, and that death occurred, on the date stated above, at San Jose

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia and post-operative pneumonia
Broncho

CONTRIBUTORY (SECONDARY)

Ruptured gastric ulcer
(duration) 4 1/2 yrs. 0 mos. 0 ds.
(duration) 4 1/2 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

IF AN OPERATION PRECEDED DEATH, DATE OF Jan 6, 1929

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS operation

(Signed) John V. Deel M. D.

Jan 10, 1929 (Address) 1800 Fed Res Bldg

*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

St. Washington 1/11 1929

20. UNDERTAKER

ADDRESS

Guernsey Mortuary 104 W 42nd

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.

NOTE: PARENTS, WITH UNFADING INK—THIS IS A PERMANENT RECORD

