

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.

1595

1. PLACE OF DEATH

County Jackson
Township St. Paul
City St. Paul

Registration District No. 399
Primary Registration District No. 1002

File No. 186
Registered No. 186
St. Harden Ward Mo

2. FULL NAME

(a) Residence. No. Joseph M Linnery St. Harden Ward Mo
(Usual place of abode)

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 M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) no data

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 63

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Banker
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo

10. NAME OF FATHER

no data

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) no data

12. MAIDEN NAME OF MOTHER

Wall Foffman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) no data

14.

INFORMANT Jno Summers
(Address) Harden Mo

15.

FILED 1-14-29 M. M. Crow
asst REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) 1-13 19 29

17. I HEREBY CERTIFY That I attended deceased from Jan. 12, 1929, to Jan. 13, 1929
and I last saw him alive on Jan. 13, 1929, and that death occurred, on the date stated above, at 1:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General peritonitis from perforated duodenal ulcer

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Duodenal ulcer

(duration) 20 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF 1-14

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Eugene P. Hamilton M. D.

1-14, 1929 (Address) 602 Anglin St. E. Mo.

*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

Harden Mo

DATE OF BURIAL

1/14/29 19

20. UNDERTAKER

H. F. Mayberry Mo St. Paul Mo

THIS IS A PERMANENT RECORD

