

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

Do not use this space.

1780

1. PLACE OF DEATH

County Jackson
Township Law
City Keokuk

Registration District No. 399

Primary Registration District No. 1002

File No. _____
Registered No. 372
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 510 Potter St. _____ Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 14-29

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 10

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER Jesse Nichols

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

14. INFORMANT Carl J. Haney (Address) 510 Potter

15. FILED 1-25-29 in 20 Asst REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 24 1929 to Jan 24 1929 that I last saw him alive on Jan 24 1929, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Stenosis (duration) yrs. mos. da. 10
CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) yrs. mos. da. 8 months
Arteriosclerosis (duration) yrs. mos. da. 8 months

18. WHERE WAS DISEASE CONTRACTED

9 IF NOT AT PLACE OF DEATH. 510 Potter
DID AN OPERATION PRECEDE DEATH. _____ DATE OF _____
WAS THERE AN AUTOPSY. _____

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) E. A. Martin, M. D. (Address) 6500 Wash PK Blvd

*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 Highland Ph. DATE OF BURIAL Jan 25 1929

20. UNDERTAKER Rose & Henderson ADDRESS Keokuk, Mo

