

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

Do not use this space.

1. PLACE OF DEATH

County Duchannel

Registration District No. 85

Township St. Joseph Mo

Primary Registration District No. 1001

City St. Joseph Mo (No. State Hospital No. 2)

File No. 9683

Registered No. 391

St. _____ Ward)

2. FULL NAME

(a) Residence. No. State Hosp. #2 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. 1 mos. 16 da.

How long in U.S., if of foreign birth? yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Divorced.

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

Mary Dipple.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 9, 1888

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

40

5

13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City.

(STATE OR COUNTRY) Missouri.

10. NAME OF FATHER Edwin Thomas Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Camberland

(STATE OR COUNTRY) Maryland

12. MAIDEN NAME OF MOTHER Mary Evelyn Murphy

(STATE OR COUNTRY) Nebraska.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jacke Rock

(STATE OR COUNTRY)

14. INFORMANT State Hospital No. 2 Records.

(Address) St. Joseph Mo.

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 22nd March 1929

17. HEREBY CERTIFY, That I attended deceased from February 6th 1929 to 22nd March 1929

(that I last saw him alive on 22nd March 1929, and that death occurred, on the date stated above, at 10:35 a.m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Paralyzing Disease

83 10713 7/6 (duration) 1 yrs. _____ mos. _____ da.

CONTRIBUTOR (SECONDARY) Broncho pneumonia

(duration) _____ yrs. _____ mos. 2 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J.P. Brunch, M.D.

3/22/1929 (Address) State Hosp #2

*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 Kansas City Missouri.

DATE OF BURIAL March 23 1929

20. UNDERTAKER H.O. Sidenfaden.

ADDRESS 1802 Union St.

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.

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MAR 22 1929
FILED

John J. Wh
REGISTRAR

