JUL 23 1929

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

Do not use this space.

20787

85

1. PLACE OF DEATH
County BUCHANAN — Registration District No. 1001 — File No.
Township — Primary Registration District No. — Registered No. 792
City ST JOSEPH (No. ST JOSEPH HOSP St. Ward)

2. FULL NAME ROBT M. ST JOHN
(a) Residence. No. St., Ward. DEARBORN MO
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: WHITE
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) JUNE 28 1849

7. AGE: YEARS 79 — MONTHS 11 — DAYS 29 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work FARMER RETIRED 6 YRS
(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) PLATTE CO MO

PARENTS
10. NAME OF FATHER Noah ST JOHN
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER DAMIE FORBY
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) TENN

14. INFORMANT T J MAUREZY (Address) Dearborn Mo

15. FILED JUL 28 1929, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27 1929

17. I HEREBY CERTIFY, That I attended deceased from June, 1929, to June 27, 1929, that I last saw him alive on June 27, 1929, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypertrophy of Heart
Aortic Insufficiency
(duration) several yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Ascites + Edema
(duration) yrs. mos. few ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Dearborn Mo.
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) Carl Potter, M. D
June 28 1929 (Address) 731 Farm

*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: DEARBORN MO — DATE OF BURIAL: 6-30 1929

20. UNDERTAKER: Lucian Davis — ADDRESS: Dearborn Mo

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.