

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

269

1. PLACE OF DEATH

County Buchanan
Township St. Joseph
City St. Joseph (No. State Hosp. #2)Registration District No. 85
Primary Registration District No. 1001File No. 112
Registered No. 112
St. St. Joseph Ward 2

2. FULL NAME

(a) Residence. No. State Hosp #2 St. 2nd Ward 2
(Usual place of abode)Length of residence in city or town where death occurred yrs. 4 mos. 14 ds. How long in U. S., if of foreign birth? yrs. 9 mos. 14 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) april 2 18547. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 9 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer9. BIRTHPLACE (CITY OR TOWN) Fulton
(STATE OR COUNTRY) MO10. NAME OF FATHER Unknown11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)12. MAIDEN NAME OF MOTHER Unknown13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)14. INFORMANT State Hosp #2 records
(Address) St. Joseph MO15. FILE NO. Jan 27 1930 John S. Ut
SS. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 193017. I HEREBY CERTIFY, That I attended deceased from Sept 13 1929 to Jan 27 1930
that I last saw him alive on Jan 27 1930, and that death occurred, on the date stated above, at 9:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

senile Exhaustion
97162 (duration) yrs. 4 mos. 14 ds.
CONTRIBUTORY Arterio Sclerosis
(SECONDARY)(duration) yrs. 4 mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) D. H. Dineen M. D.1-27, 1930 (Address) State Hosp #2 St. Joseph

*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 Lee Summit MO
DATE OF BURIAL 1/30 193020. UNDERTAKER Heeman Funeral Home
ADDRESS 1446 Colburn

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.

RECORD 1012883

