

MAR 25 1930

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

Do not use this space.

4087

1. PLACE OF DEATH

County BuchananRegistration District No. 85Township St. JosephPrimary Registration District No. 1001City St. Joseph(No. Mrs. Ruth Hospital)

File No. _____

Registered No. 154

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____

(Usual place of abode)

Hiawatha, Kansas

(If nonresident give city or town and State)

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

W

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

M

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

Dora

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

Apr 25 1869

7. AGE

YEARS 60MONTHS 9DAYS 9

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

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 employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Jenn

10. NAME OF FATHER

Joseph Palmer

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Jenn

12. MAIDEN NAME OF MOTHER

Susan Hunter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

14. INFORMANT

Mrs. Gora Palmer

(Address)

Hiawatha Kans

15. FILED

1930John G. Utz

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

316. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 4 1930

17.

I HEREBY CERTIFY, That I attended deceased from Feb 1, 1930, to Feb 4, 1930, that I last saw him alive on Feb 4, and that death occurred, on the date stated above, at 6:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

119B general peritonitis following
129 " Perforated duodenum
ulcer

(duration) _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY (SECONDARY)

ulcer

(duration) _____ yrs. _____ mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

11101 Robinson Rd
IF AN OPERATION PRECEDE DEATH, DATE OF Feb 1 - 30

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS

operation

(Signed) H. H. Wallace, M. D.
75, 1930 (Address) 30148 St Joseph Ave

*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

DATE OF BURIAL

Hiawatha Kans2/6 1930

20. UNDERTAKER

ADDRESS

Heeman Funeral Home1946 Colham

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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