

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

Do not use this space.

**PLACE OF DEATH**

County Buchanan  
Township Washington  
City St Joseph (No. Missouri)  
Methodist Hosp.

Registration District No. 85  
Primary Registration District No. 1001

File No. 218  
Registered No. 32  
Ward

**2. FULL NAME**

(a) Residence. No. De Kalb, Mo. Ward.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>about 1909</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Unknown</u>		
7. AGE <u>22</u>	YEARS <u>Unknown</u>	MONTHS <u>Unknown</u>
	DAYS	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>12</u> (c) Name of employer <u>12</u>		

9. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Zella Unknown

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

14. INFORMANT James Crockett  
De Kalb, Mo.

15. FILED 1/9 1931  
John G. Up  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 8, 1931

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_ that I last saw him alive on Jan. 31, 1931, and that death occurred, on the date stated above, at 7:20 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Peritonitis, General - 2 days  
following intestinal obstruction  
due to ruptured meckel  
diverticulum (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) all of life (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan 2nd 7d.  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Operative (Signed) Paul J. Rogers M. D.  
10 . 1931 (Address) St Joseph, Mo

\*State the DISEASE CAUSING DEATH, 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 Dwingsville, Mo. DATE OF BURIAL Jan. 10, 1931

20. UNDERTAKER E. S. Sidenfaden ADDRESS 602 So. 10

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FEB 18 1931

