

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

Do not use this space.

10308

1. PLACE OF DEATH

County Jackson Registration District No. 400
 Township Praine Primary Registration District No. 1000
 City Little Bena (No. Jackson Co Name) St. Mo Ward

2. FULL NAME

(a) Residence, No. J.C. Home 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) Jul-6-1868

7. AGE YEARS 62 MONTHS 8 DAYS 14 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer 237

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden 214

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 1

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT J.W. Hastetter (ADDRESS) 90 J.C. Home

18. BURIAL, CREMATION, OR REMOVAL PLACE Kennel's Undertaking Home

19. UNDERTAKER Ketterling Funeral Home (ADDRESS) Mo

20. PLACE Mo 19 11 Registrar J.H. James

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 20 1931

22. I HEREBY CERTIFY, That I attended deceased from 3-15 1931 to 3-20 1931

I last saw him alive on 3-14 1931. Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

Rt Lobar pneumonia
108
108
 Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

Was disease or injury in any way related to occupation of deceased? no

If so, specify J.H. Greene (Signed) Independent Mo M. D. (Address)

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.

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

APR 23 1931

