

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.

MAY 21 1931

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

85

13269

1. PLACE OF DEATH

11 County Berkhampton
Township St Joseph
City St Joseph (No. State Hospital #2)

Registration District No. 1001
Primary Registration District No. 1001
State Hospital #2.

File No. 436
Registered No. 436
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. XXXXXXXXXX St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 11 mos. 25 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) Unknown 1878 about

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
53 - Unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer Unknown

9. BIRTHPLACE (CITY OR TOWN) Summer Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) 51

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Hospital Records
(Address) St Joseph Mo

15. FILED 4-21, 1931 John R Bender
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 19th 1931

17. I HEREBY CERTIFY, That I attended deceased from April 21st 1928, to April 19, 1931
that I last saw him alive on April 19, 1931, and that death occurred, on the date stated above, at 6:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23A (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 23B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. No

6 DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? clinical No

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) J. P. Bunch, M. D.
4-19, 1931 (Address) State Hosp #2

*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 State Hospital Cemetery DATE OF BURIAL Apr, 21, 1931

20. UNDERTAKER Walter Meinhoffer ADDRESS 1302 Faraon St.

