

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

Do not use this space.

14059

1. PLACE OF DEATH

County Jackson
Township Tow
City Lansing City

Registration District No. 309
Primary Registration District No. 1007
(No. 517 Picheybacker pl)

File No. _____
Registered No. 1359
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward. Lopoka, Kansas
(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 <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>none</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 16, 1856</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>11</u>	DAYS <u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk Sup. Court</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>758</u>		
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) <u>Sontall Iowa</u>		
13. NAME <u>Daniel M. Valentine</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Mollie Root</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT (ADDRESS) <u>Dr. Valentine</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Lopoka, Ka</u> DATE <u>Sept 4/2 '31</u>		
19. UNDERTAKER (ADDRESS) <u>J. M. Vignour</u>		
20. FILED <u>17/2</u> 19 <u>31</u> <u>M. M. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 2, 1931

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Angina Pectoris Date of onset 94A 94A 97

Other contributory causes of importance: arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? (5)

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? none Date of injury _____, 19____.

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury no

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) [Signature], M. D.
(Address) _____

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

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.

