

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.

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

Do not use this space.

17137

1. PLACE OF DEATH

11 County Buchanan Registration District No. 85
5 Township Primary Registration District No. 1001
2 City St. Joseph, Mo. No. Sisters Hospital Registered No. 477
St. Ward)

2. FULL NAME

(a) Residence No. 1214 Prospect Ave. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown about 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 unknown

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

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

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) Unknown

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

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

17. INFORMANT Noel Moss
(ADDRESS) Princeton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Princeton, Mo. DATE May 1, 1931

19. UNDERTAKER Elegance Funeral Home
(ADDRESS) St. Joseph, Mo.

20. FILED 5-2-31, 19... John Bender
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1930, to May 1, 1931

I last saw him alive on April 30, 1931. Death is said

to have occurred on the date stated above, at 6:45 a.m.

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

Carcinoma of Carotid Date of onset

Body of neck

1930-31

536

Other contributory causes of importance:

Generalized metastases of

Carcinoma thymus

lungs & liver

Name of operation Date of

What test confirmed diagnosis? Microscopic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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.

Manner of injury

Nature of injury

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

If so, specify

(Signed) J. E. Thompson, Jr. M. D.

(Address) 825 Charles St. Joseph, Mo.

