

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

85

1. PLACE OF DEATH

County Duchanan Registration District No. 85
 Township St. Joseph Mo Primary Registration District No. 1001
 City St. Joseph Mo No. State Hospital #2 St. _____ Ward _____

File No. 20607
 Registered No. 521

2. FULL NAME

(a) Residence. No. St. Joseph Mo Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 5 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) Unknown/85

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
80 Unknown or _____

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Laborer 2311
 (b) General nature of industry, business, or establishment in which employed (or employer) Unknown
 (c) Name of employer _____

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT State Hospital Records
 (Address) St. Joseph Mo

15. FILED 6-15-31 John R. Bender
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11 1931
 17. I HEREBY CERTIFY, That I attended deceased from May 15, 1931 to June 11, 1931
 that I last saw him alive on June 16, 1931, and that death occurred, on the date stated above, at 3:06 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia
1971

(duration) _____ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1070
 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
 (Signed) D. B. Miles, M. D.

June 11 1931 (Address) St. Joseph Mo

*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 Hosp #2 Cem DATE OF BURIAL June 15 1931

20. UNDERTAKER E. A. Siderupden ADDRESS 602 S. 10

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.

JUL - 2 1931

