

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

Do not use this space.

21768

1. PLACE OF DEATH 2113 Highland av.
 County Jackson Registration District No. 2113
 Township W.C.M. Primary Registration District No. Highland
 City W.C.M. (No. 2113)
 2. FULL NAME John Danville
 (a) Residence No. 2113 Highland av. St. Highland Ward. 1
 (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.

File No. 5040
 Registered No. 2113
 St. _____ Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>col.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>deat no.</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>unknown</u>		
7. AGE YEARS <u>58</u>	MONTHS	DAYS
If LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Common labor</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>deat no.</u>		
PARENTS	10. NAME OF FATHER <u>deat no.</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>deat no.</u>	
	12. MAIDEN NAME OF MOTHER <u>deat no.</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>deat no.</u>	
14. INFORMANT <u>Mrs Robinson</u> (Address) <u>2113 Highland av</u>		
15. FILED <u>7/6, 1931</u> M. M. Coroue REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-25-31

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary Sclerosis
9410 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 9410 (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED
 IS NOT AT PLACE OF DEATH.
 DID AN OPERATION PRECEDE DEATH _____ DATE OF _____
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) [Signature], M. D.
 19 _____ (Address) Deputy coroner
 *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 Blue Ridge Cem DATE OF BURIAL 7/7 1931
 20. UNDERTAKER Doyle Bros. Undert. ADDRESS 1708 Tracy ave

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

MARGIN RESERVED FOR BINDING

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.

