

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

Do not use this space.

2457296
File No.

1. PLACE OF DEATH

County Cris Hospital Registration District No. 213
Township Jefferson City Primary Registration District No. 3014
City Jefferson City (No.) St. Ward)

2. FULL NAME

(a) Residence. No. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-18-1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 7 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.
(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) Missouri

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT Missouri Penitentiary (Address) Jefferson City, Mo

15. FILED 7-24-31 W. Bedford REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-17-1931

17. I HEREBY CERTIFY, That I attended deceased from June 30, 1931 to July 17, 1931 that I last saw him alive on July 17, 1931, and that death occurred, on the date stated above, at 7:05 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia
107A
191 (duration) yrs. mos. ds.
CONTRIBUTORY Heat Exhaustion (SECONDARY) (duration) yrs. mos. 17 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF ...
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. W. ... M. D.
7/17, 1931 (Address) Missouri Penitentiary

*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 Kirksville, Missouri DATE OF BURIAL July-20 1931

20. UNDERTAKER WYMSRE-GORDON UNDERTAKING CO. ADDRESS g e m w

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. AUG 25 1931

