

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.

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson

Registration District No. 3-3

Township Stau

Primary Registration District No. 3-3

City Wassell City (No. 2437)

Woodland St. 4 Ward

File No. 31265-2

Registered No. 3702

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 2437 Woodland St. 4 Ward.

(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 M 4. COLOR OR RACE Colored 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) July 22, 1863

7. AGE YEARS 68 MONTHS 1 DAYS 17 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Dept. 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) Tennessee

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Samuel M. Clain (ADDRESS) 2437 Woodland

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 9-12-31

19. UNDERTAKER St. Johns Funeral Co (ADDRESS) 1729 Myrtle Ave

20. FILED 9-11-31 1931 M. M. Groves Registrar.

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-8-31, 1931.

22. I HEREBY CERTIFY, That I attended deceased from 9-7-31, 1931, to 9-8-31, 1931.

I last saw him alive on 9-8-31, 1931. Death is said to have occurred on the date stated above, at 5:45 P.

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

mitral stenosis  
hypertrophied prostate  
97 B  
139  
71 B

Date of onset 7772  
1929.

Other contributory causes of importance: urinary retention 1 ub.  
anemia. 2 ds.

Name of operation Prostatectomy Date of \_\_\_\_\_  
What test confirmed diagnosis? history Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1931

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) Albert J. Pettermaier, M. D.  
(Address) 504 Union Bldg.

