

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

Do not use this space.

**1. PLACE OF DEATH**

County Washington  
Township Franklin  
City W. Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 104  
Primary Registration District No. 3008

File No. 33766  
Registered No. 218

**2. FULL NAME**

(a) Residence No. J. H. Hume St. \_\_\_\_\_ Ward State Hospital  
(Usual place of abode)  
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**

<b>3. SEX</b> <u>Male</u>	<b>4. COLOR OR RACE</b> <u>White</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> <u>widower</u>
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> <u>widow</u>		
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <u>1884</u>		
<b>7. AGE</b> <u>44</u>	<b>YEARS</b> <u>10</u>	<b>MONTHS</b> <u>—</u>
	<b>DAYS</b> <u>—</u>	<b>IF LESS than 1 day,</b> — hrs. — min.
<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b>	<u>ML</u>	
<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>	<u>ML</u>	
<b>10. Date deceased last worked at this occupation (month and year)</b>	<b>11. Total time (years) spent in this occupation</b> <u>ML</u>	
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>ML</u>		
<b>13. NAME</b> <u>ML</u>		
<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>ML</u>		
<b>15. MAIDEN NAME</b> <u>ML</u>		
<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>ML</u>		
<b>17. INFORMANT (ADDRESS)</b> <u>Records, W. Mo</u>		
<b>18. BURIAL, CREMATION, OR REMOVAL</b>		
PLACE <u>Richville Mo</u>	DATE <u>Oct 9</u>	<u>1931</u>
<b>19. UNDERTAKER (ADDRESS)</b> <u>Geo. J. Wallace Tulsa, Mo.</u>		
<b>20. FILED</b> <u>Oct 9 1931</u> <u>W. C. Crews</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Oct 8 - 1931

**22. I HEREBY CERTIFY, That I attended deceased from** July 29 1931 to Oct 8 1931  
I last saw him alive on Oct 8 - 1931. Death is said to have occurred on the date stated above, at 9 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Syphilis  
Phenobarbital  
4 (Paralysis) by  
1931  
8/10  
Other contributory causes of importance:  
Cerebral Syphilis  
Phenobarbital - Paralysis

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

**23. If death was due to external causes (violence), fill in also the following:**  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (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?**  
If so, specify \_\_\_\_\_  
(Signed) Geo. J. Wallace, M. D.  
(Address) Blue Hospital no 1  
Tulsa Mo

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.

NOV 23 1931

