

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

Do not use this space.

37756

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Ray Primary Registration District No. _____
 City Ray Mo. (No. Genl Hosp #2, 002) St. _____ Ward _____

2. FULL NAME John Wesley
 (a) Residence No. 1100 Independence 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.

File No. 1028
 Registered No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Silke Wesley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25, 1881

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day,hrs. ormin.
12	<u>50</u>	<u>2</u>	<u>20</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

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) Lava

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 (ADDRESS) Record Clerk Gen Hosp #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 11-18-31

19. UNDERTAKER (ADDRESS) Blattling Bros Wash Co 1729 Lyden

20. FILED: 11/17 1931 M. J. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15 1931

22. I HEREBY CERTIFY That I attended deceased from Sept. 30, 1931, to Nov 15, 1931.

I last saw him alive on Nov 15, 1931. Death is said to have occurred on the date stated above, at 6:10 a.m.

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

Intestinal obstruction
Due to adhesions
1931
1931

Other contributory causes of importance:

Toxemia

Name of operation Lap. Int. resection Date of Nov 15 31

What test confirmed diagnosis? Cl. & Tot. 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? No

If so, specify Dr. Miller, M. D.

(Address) Gen Hosp #2

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.

