

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

Do not use this space.

39506

**1. PLACE OF DEATH**

County St. Louis  
Township St. Louis  
City St. Louis (No. mo. Pacific Hospital)

Registration District No. 791  
Primary Registration District No. 1003

File No. \_\_\_\_\_  
Registered No. 11696 Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 514 E 9th Coffeyville, Kansas Ward 17 Coffeyville, Kansas  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27 1863

7. AGE YEARS 68 MONTHS 4 DAYS 25 If LESS than 1 day, hrs. or min.

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

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

10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Mrs J P Casey 514 E 9th St Coffeyville Kan

18. BURIAL, CREMATION, OR REMOVAL PLACE Nevada Mo. DATE Nov 23 1931

19. UNDERTAKER (ADDRESS) Ashton L & W Co. 2707 N Grand St.

20. FILED Nov 23 1931 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-22-1931

22. I HEREBY CERTIFY, That I attended deceased from 11-10, 1931, to 11-22, 1931

I last saw h. im alive on 11-22, 1931. Death is said to have occurred on the date stated above, at 6:25 P.M.

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

Ch. Myocarditis  
Arterio-sclerosis  
930  
930  
107  
Other contributory causes of importance:  
Hypertension  
Smoking

Date of onset

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? NONE 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 \_\_\_\_\_, 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) No James O. DeGamon, M. D.

(Address) 1755 S. Grand

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.

