

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.

FEB 23 1932

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

Do not use this space.

170

1. PLACE OF DEATH
County Buchanan Registration District No. 85
Township St. Joseph Primary Registration District No. 1001
City St. Joseph (No. 410 So. 8th)
2. FULL NAME Jack A. All
(a) Residence, No. 410 So. 8th St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 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 Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1858
7. AGE YEARS 74 MONTHS Unknown DAYS Unknown If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, book
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant Cook
10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Not known
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (ADDRESS) Barney
18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Jan 2 1932
19. UNDERTAKER (ADDRESS) Thames
20. FILED JAN 28 1932 John R. Bender Registrar

1 MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2-32 1932
22. I HEREBY CERTIFY, That I attended deceased from viewed
I last saw h. alive on , 1932 Death is said to have occurred on the date stated above, at 2 p. m. 1-2-32
The principal cause of death and related causes of importance were as follows:
Mitral Insufficiency
Other contributory causes of importance:
Name of operation none 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 , 1932
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 5
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) B. W. Tadlock Coroner, M. D.
(Address) 821 Prairie

