

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

245

1. PLACE OF DEATH
 County Ruchouan Registration District No. 85
 Township St Joseph Mo 4 Primary Registration District No. 1001
 City St Joseph Mo (No. State Hospital #2) St. _____ Ward _____

2. FULL NAME Maek Daves
 (a) Residence. No. State Hospital str 2 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. _____
 Registered No. 85
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>55</u>	<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</u>

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work odd jobs 27
 (b) General nature of industry, business, or establishment in which employed (or employer) Losare
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas
unknown

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT State Hospital Records
 (Address) St Joseph Mo

15. JAN 26 1932 John R. Bender
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 23 1932

17. I HEREBY CERTIFY, That I attended deceased from May 10 1929 to Jan 23 1932
 that I last saw him alive on Jan 23 1932 and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Unicent's Anger of lungs.
115A

CONTRIBUTORY (SECONDARY) 115A
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. _____
 () DID AN OPERATION PRECEDE DEATH? no DATE OF (1)
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
 (Signed) (Signature), M. D.
Jan 23 1932 (Address) St Joseph Mo

*State the DISEASE CAUSING DEATH, of in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL State Hospital #Cem DATE OF BURIAL 1-25-32¹⁹

20. UNDERTAKER B.F. Graves Funeral Home ADDRESS ome 806

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.

FEB 23 1932

MARGIN RESERVED FOR BINDING

