

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

Do not use this space.

8714

1302

1. PLACE OF DEATH

County Jackson Registration District No. 320
 Township Ross Primary Registration District No. 1000
 City Kennett City, Mo. (No. General Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1112 Campbell St. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Annie Sylvan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-4, 1877</u>		
7. AGE	YEARS <u>35</u>	MONTHS <u>0</u>
	DAYS <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	11. Total time (years) spent in this occupation _____
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Common Labor</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La</u> _____		
FATHER	13. NAME <u>Sylvan, Wm</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Hudson, Sullie</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Record Clerk, Gen Hosp, No. 2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Hill</u> DATE <u>March 30, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Watkins Bros, 12th St, Kennett</u>		
20. FILED <u>3/28</u> , 19 <u>32</u> <u>M. M. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-11, 1932, to 3-25, 1932
 I last saw him alive on 3-25, 1932 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:
Malignancy of Gastric Intestine
1865
 Date of onset _____

Other contributory causes of importance:
①

Name of operation Exploratory Lap. Date of 3-21-32
 What test confirmed diagnosis? Op. Ch. 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 W. M. Miller, M. D.
 (Signed) _____ (Address) Gen Hosp No 2, Kennett City Mo

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.

State of Ohio
Justice of the Peace

County of _____
State of Ohio

19__

6128-5