

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.

MAY 28 1932

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

Do not use this space.

1. PLACE OF DEATH

County Beechman Registration District No. 85
Township St. Joseph Primary Registration District No. 1001
City Mo. Meth. Hospital St. _____ Ward _____

11661

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. 806 204 St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Do Not Know</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>abt. 1872</u>		
7. AGE YEARS <u>60 yr</u>	MONTHS <u>Unknown</u>	DAYS <u>Unknown</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Watchman</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>A. G. Groceries</u>		
10. Date deceased last worked at this occupation (month and year) <u>1 1/2 years ago</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do Not Know</u>		
13. NAME <u>Do Not Know</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do Not Know</u>		
15. MAIDEN NAME <u>Do Not Know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do Not Know</u>		
17. INFORMANT (ADDRESS) <u>A. G. Store St. Joseph Mo</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Ashland Mo</u> DATE <u>4/9 32</u>		
19. UNDERTAKER (ADDRESS) <u>Stingley & Stacey, Fire Dept. 2118 30 14</u>		
20. FILED <u>APR 8 1932</u> <u>John R. Bender</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 6 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/21, 1932 to April 6, 1932
I last saw him alive on April 6, 1932 Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:
Sarcoma of Rt. 515 Testicle (Embryonic) 2/5/32
Winged watchman at A. G. Store and caught in bed spring - did not fall
Other contributory causes of importance:
Pulmonary Embolism 4/6/32

Name of operation Orchidectomy Date of 3/22/32
What test confirmed diagnosis Orchidectomy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/5 1932
Where did injury occur? A. G. Store
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home or in public place.
In Industry
Manner of injury Contusion to Rt. Testicle
Nature of injury in bed spring

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) H. H. Humphreys M. D.
(Address) 825 Charles St. St. Joseph

