

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

Do not use this space.

11730

85

1001

File No. _____
Registered No. 411
St. _____ Ward)

1. PLACE OF DEATH

County Buchanan
Township St. Joseph
City St. Joseph

Registration District No. _____
Primary Registration District No. 1001

2. FULL NAME

(a) Residence No. _____ St. _____ Ward. Clearmont Mo.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 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) Aug 18, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 6 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Paul Nebraska
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Elmer Solomon

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

12. MAIDEN NAME OF MOTHER Marie Holmes

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

14. INFORMANT Elmer Solomon
(Address) Clearmont Mo.

15. FILED 4-25-32 John R. Bender
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 25 1932

17. I HEREBY CERTIFY, That I attended deceased from April 20, 1932, to April 25, 1932, that I last saw him alive on April 25, 1932, and that death occurred, on the date stated above, at 6:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia acute
107A
107B
(duration) yrs. mos. 2 da.

CONTRIBUTORY (SECONDARY) Megalocolon
(duration) yrs. 7+ mos. 1 da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, Clearmont Mo

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Ray
(Signed) Walter Roger Moore, M. D.
, 19 (Address) St. Joseph, Mo

*State the DISEASE CAUSING DEATH, or 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 Clearmont Mo DATE OF BURIAL 4-27 1932

20. UNDERTAKER Parents ADDRESS Clearmont 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.

MAY 2 1932

