

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

Do not use this space.

16167

1960

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township New Primary Registration District No. 1002
City Trassess City (No. 10th & Grand)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1154 1/2 Jefferson St., W 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>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>September 10-1861</u>		
7. AGE	YEARS	MONTHS
	<u>70</u>	<u>8</u>
		DAYS
		<u>2</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>Owner</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Elite Engraving Co</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland 15</u>		
MOTHER	13. NAME <u>John May</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
	15. MAIDEN NAME <u>unknown</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown ?</u>		
17. INFORMANT <u>Sheehan Funeral Home</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. St. Marys</u> DATE <u>May 16</u> 19 <u>32</u>		
19. UNDERTAKER <u>John J. Sheehan</u> (ADDRESS) <u>4316 Forest</u>		
20. FILED <u>5/14 32</u> <u>M. M. Crowe</u> Regist. <u>asst.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1932

22. I HEREBY CERTIFY, That I attended deceased from 1154 1/2 Jefferson 1932 to _____ 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:
Coronary sclerosis

Other contributory causes of importance:
(D)

Name of operation _____ Date of _____
What test confirmed diagnosis Autopsy 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 _____ (Signed) Stanley M. Hall M. D.
(Address) 1154 1/2 Jefferson

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.

