

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.

OCT 31 1932

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

Do not use this space.

28512

1. PLACE OF DEATH

County Buchanan

Registration District No. 1001

Township St Joseph

Primary Registration District No. State Hosp # 2

City St Joseph

File No. _____
Registered No. 872
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

Linn County, Mo.
(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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>About 1870</u>		
7. AGE YEARS <u>62</u>	MONTHS <u>7</u>	DAYS <u>20</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Railroad laborer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>mechanical</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
<u>Linn County Mo</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
<u>Jake Myers</u>		
13. NAME		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>Malinda Smith</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT (ADDRESS) <u>Records, State Hosp St Joseph</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bourbon Mo</u> DATE <u>9-11-1932</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. Hummel</u>		
20. FILED <u>9-11-1932</u> Registrar <u>John R. Bond</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1932, to Sept 10, 1932.

I last saw him alive on Sept 10, 1932. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Paresis - Quoted Aug 26, 1932
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Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1932

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? No

If so, specify _____

(Signed) Dr. Arthur Smith, M. D.

(Address) State Hosp # 2 St Joseph Mo

