

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

Do not use this space.

34786

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township St. Joseph Mo Primary Registration District No. 1001 File No. 11151
City St. Joseph Mo (No. 220 West 2nd St.) Registered No. 11151 St. St. Joseph Mo Ward

2. FULL NAME

(a) Residence, No. Unknown St. Unknown Ward. Unknown
(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>Whit</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>abt 1858</u>		
7. AGE	YEARS	MONTHS
<u>abt 74</u>	<u>Unknown</u>	<u>Unknown</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Retired</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Farmer</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
		<u>Unknown</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Welfare Board St. Joseph</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>City Cem. 11/4 32</u>		
19. UNDERTAKER (ADDRESS) <u>St. Joseph - Slawey</u>		
20. FILED <u>1-3-32</u> <u>St. Joseph Mo</u> <u>John R. Bender</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/2 32

22. I HEREBY CERTIFY, That I attended deceased from
Nov. 1, 1932 to Nov 2, 1932
I last saw him alive on Nov 2, 1932 Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:
Pneumonia lobar Date of onset Unknown
Lower Rt. lobe
108
131
Other contributory causes of importance: Nephritis Chronic Unknown

Name of operation none Date of Unknown
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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? No
If so, specify _____
(Signed) E. M. Shores M. D.
(Address) 317 Kirkpatrick Bldg St. Joseph 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

7-1932

JAN

1950