

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.

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

Do not use this space.

34822

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph

Primary Registration District No. 1001

City St. Joseph (No. State Hospital #2)

File No. 1087

Registered No. 1087

FULL NAME

(a) Residence, No. _____ St., _____ Ward. Kansas City Mo

(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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 1850

7. AGE YEARS 82 MONTHS 3 DAYS 24 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 97
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 98
10. Date deceased last worked at this occupation (month and year) 84
11. Total time (years) spent in this occupation 84

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Records State Hospital St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City Mo. DATE Nov. 14 1932

19. UNDERTAKER (ADDRESS) Resident Baden 1802 Union St. St. Joseph Mo.

20. FILED 11-13 1932 John H. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 26 1932, to Nov 13 1932. Last saw him alive on July 12 1932. Death is said to have occurred on the date stated above, at 7:30 a.m. The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Gangrene 4/8
Cerebral Arteriosclerosis with Psychosis 12/2/32

Other contributory causes of importance: (D)

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 _____, 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) Dr. Clayton Smith M. D.

(Address) State Hospital #2 St. Joseph Mo

