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.

JAN 1933

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

Do not use this space.

34886

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1151

City St.Joseph, (No. 2837 Messanie St. St. Ward)

2. FULL NAME Franz E.David

(a) Residence, No. 2837 Messanie St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July,1,1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	75	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper,Retired 10 Yrs.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1922

11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Borntuchen, Germany 10

FATHER

13. NAME Carl David

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Borntuchen, Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Borntuchen, Germany

17. INFORMANT (ADDRESS) Mrs.Pauline David 2837 Messanie St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ashland Cemetery DATE ~~Nov. 31~~ Dec 1, 1932

19. UNDERTAKER (ADDRESS) Walter McEachorkee 1302 Faraon St. St.Joseph,Mo.

20. FILED 1-30-32 19 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1932, to Nov. 29, 1932

I last saw him alive on Nov. 25, 1932 Death is said to have occurred on the date stated above, at 12.15 P.M.

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

	Date of onset
Carcinoma of Stomach	7/1/32
46B	
46E	
162	
46B	

Other contributory causes of importance:

Senility

Metastases to Lives

Name of operation None Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

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

Accident, suicide, or homicide? no 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 none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. Thompson J., M. D.

(Address) 823 Charles St. St.Joseph,Mo.