

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

Do not use this space.

28600

JAN 22 1933

**1. PLACE OF DEATH**

14 County Callaway  
2 Township  
7 City Fulton (No. 4)

Registration District No. 104  
Primary Registration District No. 3008

File No. \_\_\_\_\_  
Registered No. 250  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence. No. None John James St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) No information

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) No information

7. AGE YEARS MONTHS DAYS No information If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None 93C  
(b) General nature of industry, business, or establishment in which employed (or employer) None 97 118C  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) No information 31

PARENTS

10. NAME OF FATHER No information

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No information

12. MAIDEN NAME OF MOTHER No information

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No information

14. INFORMANT State Hospital Records (Address) Fulton Mo

15. Jan 27 19 32 R. N. Crewe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-26-1932

17. I HEREBY CERTIFY, That I attended deceased from Dec-26-1932, to Dec-26-1932 that I last saw him alive on Dec-26-1932 and that death occurred, on the date stated above, at 10:25 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Patient died suddenly from an acute attack of indigestion, he was very old and had chronic myocarditis had been in care for 34 years.

CONTRIBUTORY arteriosclerosis and insanity for 34 years (SECONDARY) (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? clinical symptoms  
(Signed) F. R. Frazer M. D.

12/26 1932 (Address) Fulton State Hospital

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Columbia Mo DATE OF BURIAL \_\_\_\_\_ 19 \_\_\_\_\_

**20. UNDERTAKER**

F. O. Roberts ADDRESS Columbia 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.

