

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.

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

Do not use this space.

39812

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township 1st Primary Registration District No. 1002  
City K. C. Mo (No. 2425 Prospect) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 4819  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 2425 Prospect St. 11 Ward \_\_\_\_\_  
(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>Fe</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE <u>63</u>	YEARS	MONTHS
		DAYS
	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1932

22. I HEREBY CERTIFY, That I attended deceased from August 1932 to Dec 18 1932  
I last saw h. Dec alive on Dec 16 1932. Death is said to have occurred on the date stated above, at 5 A m.  
The principal cause of death and related causes of importance were as follows:

Cancer of rectum about Jan 1931  
46 D  
97 46 D  
Other contributory causes of importance:  
Arterio-sclerosis  
1930

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u> <u>23</u>
13. NAME <u>Meyer Joseph</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>
15. MAIDEN NAME <u>unknown</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>
17. INFORMANT (ADDRESS) <u>Joe Carig</u> <u>2425 Prospect</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sheffield</u> DATE <u>12/18</u> 19 <u>32</u>
19. UNDERTAKER (ADDRESS) <u>H. Dierman &amp; Sons</u> <u>2738 Prospect</u>
20. FILED <u>Dec 18</u> 19 <u>32</u> <u>W. M. M. Crowe</u> Registrar.

Name of operation a Date of \_\_\_\_\_  
What test confirmed diagnosis? finding 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 \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) J. E. Guldhauser M. D.  
(Address) Angyle B. B. G.

