

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

Do not use this space.

1. PLACE OF DEATH

48 County Jackson Registration District No. 400
 Township Prarie Primary Registration District No. 5553 B
 City Little Blue (No. Jackson East House) St. _____ Ward)

File No. 40145
 Registered No. 190

2. FULL NAME

(a) Residence, No. Walters Kollb Ward. _____
 (Usual place of abode) Jackson County, Mo (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>white</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>single</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 29 - 1863</u> | | |
| 7. AGE | YEARS <u>69</u> | MONTHS <u>3</u> |
| | DAYS <u>22</u> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>salvermen</u> | 11. Total time (years) spent in this occupation |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>unknown</u> | |
| | 10. Date deceased last worked at this occupation (month and year) | |

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1932, to Dec 21, 1932

I last saw h. i alive on Dec 20, 1932. Death is said to have occurred on the date stated above, at 11:15 a.m.

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

Central Hemorrhage Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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) J. H. [Signature], M. D.
 (Address) 20 [Address]

| | |
|---|---|
| MOTHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> |
| | 13. NAME <u>unknown</u> |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> |
| | 15. MAIDEN NAME <u>unknown</u> |
| FATHER | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> |
| | 17. INFORMANT (ADDRESS) <u>J. W. Hasletter</u> |
| | 18. BURIAL, CREMATION, OR REMOVAL (PLACE) DATE <u>St. Marys</u> <u>Dec 24</u> , 19 <u>32</u> |
| | 19. UNDERTAKER (ADDRESS) <u>Walters Kollb</u> |
| 20. FILED <u>12-21-32</u> <u>William J. Shields</u> Registrar | |

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 24 1933

SEP 16 1948.