

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

Do not use this space.

42521

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City..... (No. City of Hospital #1)..... St. .... Ward)

File No.....  
Registered No. 11664

**2. FULL NAME**

(a) Residence, No. 1616 1/2 Franklin St., 25 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>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 <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>abt 64</u>	MONTHS <input checked="" type="checkbox"/>	DAYS <input checked="" type="checkbox"/>
8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>Laborer, 27</u>		
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)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
13. NAME		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>15 Town</u>		
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS) <u>John J. Sweeney, Covered Office</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pottersfield</u> DATE <u>12/27/32</u>		
19. UNDERTAKER (ADDRESS) <u>Peets Bros, 309 1/2 Lafayette Ave</u>		
20. FILED <u>DEC 28 1932</u> Registrar.		

**Medical Certificate of Death**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23, 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 11 P. m.

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

Lobar Pneumonia

108 W.M.A. / 108

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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?  
If so, specify \_\_\_\_\_ (Signed) \_\_\_\_\_, M. D.  
(Address) Deputy Coroner

12/28/32

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.

