

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

Do not use this space.

85

299

1. PLACE OF DEATH

County Buchanan

Registration District No. 1001

File No. 1001

Township St. Joseph

Primary Registration District No. St. Joseph

Registered No. 1001

City St. Joseph

(No. 1001)

Ward St. Joseph

Ward St. Joseph

2. FULL NAME

(a) Residence, No. 216 Iowa Ave.

(Usual place of abode)

Ward.

(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

Male

4. COLOR OR RACE

W. Negs.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Daisy Allen

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

Aug. 13-1887

7. AGE

YEARS

51

MONTHS

4

DAYS

26

If LESS than 1 day, hrs. min.

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

Patrol at U.S. P.O.D.

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)

" " " " " "

11. Total time (years) spent in this occupation

" " " " " "

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Dalton Mo.

13. NAME

Richard Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

near Dalton Mo.

15. MAIDEN NAME

Lucy Mercy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

near Dalton Mo.

17. INFORMANT (ADDRESS)

Daisy Allen

18. BURIAL, CREMATION, OR REMOVAL

Dalton Mo.

PLACE

DATE

Jan. 13/1933

19. UNDERTAKER (ADDRESS)

Ramsey Funeral Service

20. FILED

Jan 12 1933

John R. Bender

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan. 9th 1933

22. I HEREBY CERTIFY That I attended deceased from

Jan 9 1933 to Jan 9 1933

last saw him alive on Jan 9 1933 Death is said

to have occurred on the date stated above, at 2:45 p.m.

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

Accidental Burns
by fire caused
by explosion in
factory at Dalton, Mo.
Shack

Date of onset

12 hrs.

Other contributory causes of importance:

Name of operation

not any

Date of

What test confirmed diagnosis? clinical Was there an autopsy? yes

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

Accident, suicide, or homicide? Accid. Date of injury 1/9/1933

Where did injury occur? 216 Iowa Ave. St. Joseph

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

home

Manner of injury Accident Burns from explosion

Nature of injury 3 1/4 body burned

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

If so, specify

(Signed) Frederick W. Woodson M. D.

(Address) 216 Iowa W. Mo. Ave.

SECRET
Department of Defense

Now, I have a question for you. How many of you have ever been to a doctor's office and seen a doctor who has a degree in medicine from a medical school in the United States? (Pause for response.) Now, how many of you have ever been to a doctor's office and seen a doctor who has a degree in medicine from a medical school in the United States? (Pause for response.)

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Buchanan Registration District No. 85

Township St. Joseph Primary Registration District No. 100

City St. Joseph (No. 100) Sub. District St. Joseph

2. FULL NAME

(a) Residence, No. 216 Iowa 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 M

4. COLOR OR RACE B

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED Married (No word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13, 1881

7. AGE

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.

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)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER
(ADDRESS)

20. FILED

3-9-33 19

John H. Cendery
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from

....., to 19.....

I last saw h..... alive on 19..... Death is said

to have occurred on the date stated above, at m.

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

accidental burn by Date of onset

fire caused by

negligence in making

fire. Party turned

Other contributory causes of importance:

180

24

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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)

bbx - S