

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

Do not use this space.

1669

1. PLACE OF DEATH

County Jackson

Registration District No. 099

File No. 1669

Township New

Primary Registration District No. 1000

Registered No. 300

City New (No. St. Joseph's Hospital)

St. St. Joseph's Hospital

Ward

2. FULL NAME

(a) Residence, No. 1006 Jackson St. 10 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 <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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 2 1933</u>		
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. <u>none</u>	
	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) <u>no</u>		
FATHER	13. NAME <u>Wm. Williams</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no</u>	
MOTHER	15. MAIDEN NAME <u>Lucile Gifford</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no</u>	
17. INFORMANT (ADDRESS) <u>Mrs W S Williams 1006 Jackson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elmwood</u> DATE <u>Jan 24 1933</u>		
19. UNDERTAKER (ADDRESS) <u>W S Williams 1006 Jackson</u>		
20. FILED <u>Jan 24 1933</u> <u>Ch. M. Browne</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-22, 1933, to 1-23, 1933

I last saw alive on 1-23, 1933 Death is said to have occurred on the date stated above, at 6 P m.

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

Patent Foramen Ovale Date of onset 1 da

159°C

"Blue Baby"

Other contributory causes of importance:

1570

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? no
 If so, specify _____ (Signed) Chas. Nelson, M. D.
 (Address) 1200 1/2 Bldg

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.

THIS IS A PERMANENT RECORD

