

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

Do not use this space.

8552

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township St Joseph Primary Registration District No. 1001
 City Richmond Mo (No. State Hosp) St. Richmond Mo Ward 100

2. FULL NAME

(a) Residence, No. Richmond Mo St. Richmond Mo Ward 100
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26-1861

7. AGE YEARS 71 MONTHS 10 DAYS 10 If LESS than 1 day, hrs. or min.

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

FATHER 13. NAME Marshall Alnutt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S. Waburn

MOTHER 15. MAIDEN NAME Mary Lomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S. Waburn

17. INFORMANT Homer Alnutt (Son)
 (ADDRESS) Richmond Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo DATE 3-8-1933

19. UNDERTAKER E. Zimmerman
 (ADDRESS) Richmond Mo

20. FILED 3-6-33 19 John R Bender
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6th 1933

22. I HEREBY CERTIFY, That I attended deceased from March 2nd 1933 to March 6th 1933

I last saw him alive on March 6th 1933 Death is said

to have occurred on the date stated above, at 955A m.

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

Bronchitis Pneumonia 2 days
107A
91
107A
 Other contributory causes of importance:
Arteriosclerosis

Name of operation Date of operation
 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) J.R. Bunch, M. D.
 (Address) State Hosp #2

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.

APR 27 1933

