

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

Do not use this space.

9895

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Jaw

Primary Registration District No. 1002

City Jackson City (No. 1056)

File No. 1499

Registered No. 1499

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. 1376

(Usual place of abode)

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 1 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6 - 1884

7. AGE YEARS 48 MONTHS 4 DAYS 23 If LESS than 1 day, _____ hrs. _____ of _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. War veteran
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) Minnesota

13. NAME Hill Martin

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

15. MAIDEN NAME Barbara Zullin

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

17. INFORMANT (ADDRESS) Miss Salles Conger

18. BURIAL, CREMATION, OR REMOVAL PLACE Manly Park DATE Nov 4 1933

19. UNDERTAKER (ADDRESS) J. J. Donnell

20. FILED 31 1933 m. m. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/29/33, 1933

22. I HEREBY CERTIFY That I attended deceased from _____, 1933.

I last saw him alive on _____, 1933. 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:

ruptured aortic aneurism
1. pneumonia

Other contributory causes of importance: 96
114

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 _____, 1933

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 due to occupation of deceased? _____

If so, specify _____

(Signed) A. H. Smith

(Address) _____

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.

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Dr. T. H. H. H.