

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

Do not use this space.

17278

1. PLACE OF DEATH

County Newton
Township Neosho
City Neosho (No.)

Registration District No. 609
Primary Registration District No. 436.3

File No. 42
Registered No.
St. Ward)

2. FULL NAME

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

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9, 1876

7. AGE YEARS 57 MONTHS 2 DAYS 28 If LESS than 1 day, hrs. or min.

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

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) Interview

13. NAME John Kiddos

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

15. MOTHER NAME Margaret Gormley

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

17. INFORMANT John Saxton (ADDRESS) Neosho mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE S. 9/04 DATE 5-9 1933

19. UNDERTAKER Calvin Thompson (ADDRESS) Neosho Mo.

20. FILED 5/10 1933 L. E. Mance Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1933

22. I HEREBY CERTIFY, that I attended deceased from 5/1 1933 to 5/7 1933

I last saw him alive on 5/7 1933. Death is said to have occurred on the date stated above, at 7:15 P.M.

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

Cerebral Hemorrhage
48
139 c
48

Other contributory causes of importance:

Name of operation Pyelotomy 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 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 in any way related to occupation of deceased?

If so, specify. (Signed) H. F. ... M. D.

(Address)

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.

JUN 23 1933

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