

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

Do not use this space.

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18989

1. PLACE OF DEATH

County Buchanan Registration District No. 1001
Township St Joseph Mo Primary Registration District No. 2
City St Joseph Mo State Hospital

File No. 18989
Registered No. 647
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3406 E. 6th St. Mo 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown about 1864
7. AGE YEARS 72 MONTHS unknown DAYS unknown If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) State Hospital No 2 St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE State Hospital DATE June 24, 1933

19. UNDERTAKER (ADDRESS) Fleeman Funeral Home, St. Joseph, Mo.

20. FILED 6-24 1933 John A. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1933
22. I HEREBY CERTIFY That I attended deceased from July 30, 1926 to June 23, 1933
I last saw him/her alive on July 23, 1933 Death is said to have occurred on the date stated above, at 3:07 p.m.

The principal cause of death and related causes of importance were as follows:
General paresis of the insane
Date of onset July 30, 1926

Other contributory causes of importance: _____
Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? No
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? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury Crane
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. B. Miles M. D.
(Address) State Hospital No 2

MARGIN RESERVED FOR BINDING

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.

JUL 20 1933

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V. S. NO. 2

