

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

Do not use this space.

23167

**1. PLACE OF DEATH**

County Jackson Registration District No. 300  
Township Kaw Primary Registration District No. 8000  
City Keosauqua (No. 5443 Mountgall)

File No. \_\_\_\_\_  
Registered No. 2873  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 5443 Mountgall Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16 - 1873

| 7. AGE | YEARS     | MONTHS   | DAY       | IF LESS than 1 day, hrs. or min. |
|--------|-----------|----------|-----------|----------------------------------|
|        | <u>60</u> | <u>1</u> | <u>22</u> |                                  |

| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>R.R. Section</u> | 11. Total time (years) spent in this occupation |
|------------|---|---|
|            | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>hand</u>                  |   |
|            | 10. Date deceased last worked at this occupation (month and year) _____   |   |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

17. INFORMANT Edith Banks  
(ADDRESS) 5443 Mountgall

18. BURIAL, CREMATION, OR REMOVAL asset Springs Mo DATE 7-11-33

19. UNDERTAKER Flynn & Greenstreet  
(ADDRESS) Keosauqua

20. FILED July 11, 1933 m. m. m. m.  
Registrar.

**2. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-8, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1933, to July 8, 1933  
I last saw him alive on July 6, 1933. Death is said to have occurred on the date stated above, at 9 P. m.

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

91A Acute Endocarditis  
91B 91C  
Other contributory causes of importance: atheroma

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? \_\_\_\_\_ (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) E. J. M. m. m. M. D.  
(Address) 5443 Mountgall

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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