

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

Do not use this space.

36058

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.

1933
5-27
1933

1. PLACE OF DEATH

County Cooper Registration District No. 222
 Township Pilot Grove Primary Registration District No. 4135
 City Pilot Grove (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 60 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jennie Johnson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 1 - 1859</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>8</u>
	DAYS <u>23</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer.</u>	
	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) <u>Oct 10 1933</u>	
	11. Total time (years) spent in this occupation <u>50.</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chouteau Springs, Mo</u>		
FATHER	13. NAME <u>unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
MOTHER	17. INFORMANT (ADDRESS) <u>Mrs Jane O'Keefe</u>	
	18. BURIAL, CREMATION OR REMOVAL PLACE <u>Pilot Grove</u> DATE <u>11/27 1933</u>	
	19. UNDERTAKER (ADDRESS) <u>Harry E. Stocklin Pilot Grove, Mo</u>	
20. FILED <u>Nov. 25, 1933</u> <u>Mrs. E. B. McCalahan</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11 1933 to Nov. 24 1933

I last saw him alive on 11-22 1933 Death is said

to have occurred on the date stated above, at 3:30 Am.

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

Senility
107A
163
107A
 Other contributory causes of importance:
Bronchial Pneumonia 11-23-33
 Date of onset

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) J. O. Bole, M. D.
 (Address) Pilot Grove, Mo

