

26 1934

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

Do not use this space.

~~10000~~

1. PLACE OF DEATH

County Jackson  
Township Man  
City Kennett (No. General Hospital)

Registration District No. 399  
Primary Registration District No. 1002

File No. 40001  
Registered No. 4798  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 15 6 6 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2-1933

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

22. I HEREBY CERTIFY, That I attended deceased from 11-29, 1933, to 12-2, 1933

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-4-1864

I last saw him alive on 12-2, 1933 Death is said to have occurred on the date stated above, at 10:59 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 10 28

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

Branchopneumonia Date of onset \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. bank  
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 \_\_\_\_\_

Other contributory causes of importance: 107

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

13. NAME William Amber

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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

15. MAIDEN NAME Wukrown

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Rebecca Elderly (ADDRESS) 116 General Hospital

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Harold Hills DATE Dec 9, 1933

19. UNDERTAKER Quincy & Tabor Co (ADDRESS) 204 Lenwood

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_

20. FILED 12-8 33 M. M. Crowe Registrar.

(Signed) P. J. D. Marion, M. D.  
(Address) ant. dig. K. L. Ken Hoop.

