

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

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1. PLACE OF DEATH

County Jackson
Township Lees Summit
City Lees Summit

Registration District No. 400
Primary Registration District No. 4235
(No. Residence)

File No. _____
Registered No. 141
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 2 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19-1848

7. AGE YEARS 85 MONTHS 3 DAYS 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shut Co Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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) Manfield Ohio

13. NAME Elisha Doty

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

15. MAIDEN NAME Synchronia Carpenter

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

17. INFORMANT (ADDRESS) Mrs. J. H. Mitchell no. Lees Summit Mo.

18. BURIAL, CREMATION, OR REMOVAL Grady Grove DATE Jan 30-1934

19. UNDERTAKER (ADDRESS) Fields - Jamba, Co. Lees Summit Mo.

20. FILED Jan 30 1934 William J. Fields Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28-1934

22. I HEREBY CERTIFY that I attended deceased from Nov. 22, 1933 to Jan 28, 1934

I last saw him alive on Jan 28, 1934. Death is said to have occurred on the date stated above, at 10:00 m.

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

Mitral stenosis
Chronic nephritis
Hyphostate pneumonia

Date of onset
?
?
1/27/34

Other contributory causes of importance:
131
92A
1110

Name of operation g 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) Clint J. Miller, M. D.
(Address) Lees Summit, Mo.

