

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.

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Green Primary Registration District No. 1002
City Kennett (No. 7-C General Hosp)

File No. 5036
Registered No. 763
St. 763 Ward

2. FULL NAME

(a) Residence, No. 100 W 24th St., Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 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 married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 6-13-1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 44 8 1

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

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

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) Santa Fe, Mexico

13. NAME not known

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

15. MAIDEN NAME unknown

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

17. INFORMANT Reverend Clerk (ADDRESS) Kennett, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kennett, Mo DATE 2/16 1934

19. UNDERTAKER St. Francis (ADDRESS) 115 1/2 W 11th

20. FILED 2-15-34 M. M. Crowder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-13, 1934 to 2-14, 1934

I last saw him alive on 2-14, 1934 Death is said

to have occurred on the date stated above, at 8:30 AM

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

Subs Pneumonia Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes

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?
If so, specify.....

(Signed) J. H. [Signature], M. D.

(Address) St. Francis Hosp

