

MAR 25 1934

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

5135
861

1. PLACE OF DEATH

County Jackson
Township Frank
City W.C. Mo.

Registration District No. 399

Primary Registration District No. 1092

File No. 5135

Registered No. 861

2. FULL NAME

(a) Residence, No. 495 2nd St. Joseph Hospital Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 20 1934</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</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)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ke Mo</u>		
MOTHER	13. NAME <u>Durwood A. Ostrey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maui</u>	
	15. MAIDEN NAME <u>Grabbin Sparks</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>May Okla</u>	
17. INFORMANT <u>Durwood Ostrey</u> (ADDRESS) <u>4915 2nd</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>First Hill</u> DATE <u>2/21/34</u>		
19. UNDERTAKER <u>Melody McElroy</u> (ADDRESS) <u>11 E. 1st</u>		
20. FILED <u>2-21</u> , 19 <u>34</u> <u>5m</u> <u>crowl</u> <u>asst Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/20/34 19

22. I HEREBY CERTIFY, That I attended deceased from 2/20/34 19 to 2/20/34 19.
I last saw him alive on 2/20/34 19. Death is said to have occurred on the date stated above, at 3:50 p.m.
The principal cause of death and related causes of importance were as follows:
Permatum
Date of onset 159

Other contributory causes of importance: 159

Name of operation none Date of none
What test confirmed diagnosis? none Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury none, 19
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Infantile
(Signed) 925 apple body M. D.
(Address) 925 apple body

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.

For Mr. M. B. Kelly