

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. 400
Township Josamine Primary Registration District No. 5553B
City (No.) St. Ward (No.)

File No. 5295
Registered No. 34

2. FULL NAME

(a) Residence, No. Jackson County Bond 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1847
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt. 87
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
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) Ireland
13. NAME unk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk
15. MAIDEN NAME unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT J. W. Hestetter
(ADDRESS) 111 C. Name
18. BURIAL, CREMATION, OR REMOVAL Deer Summit, Mo. Feb. 20 34
PLACE DATE
19. UNDERTAKER Fields James Co.
(ADDRESS) 2. St. Joe
20. FILED Feb. 19 1934 William J. Fields
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to 2/16 1934
I last saw him alive on 2/15 1934 Death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:
senile debility Date of onset
100
Other contributory causes of importance 162
Name of operation Date of
What test confirmed diagnosis 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 of injury in any way related to occupation of deceased? no
If so, specify
(Signed) J. N. Greene M. D.
(Address) Independence, Mo

