

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson Registration District No. 411 File No. 5378
 Township Jefferson Primary Registration District No. 2002 Registered No. _____
 City Jefferson (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 107 1/2 East 4th St. Jefferson Mo (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 Yellow 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mar.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 14 1895

7. AGE YEARS 38 MONTHS 10 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

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

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

10. Date deceased last worked at this occupation (month and year) March 1934 11. Total time (years) spent in this occupation. 60 1/2

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

13. NAME No Record

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

15. MAIDEN NAME No Record

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

17. INFORMANT Quong (ADDRESS) 107 1/2 East 4th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson DATE Feb 16 1934

19. UNDERTAKER Frank - Diering Co (ADDRESS) Jefferson Mo

20. FILED 2-15-34 Ed James Registrar.

(3) MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 1-25, 1934, to 2-14, 1934

I last saw h. W alive on 2-14, 1934. Death is said to have occurred on the date stated above, at 2:30 m.

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

Diabetes Mellitus Date of onset _____
Ch. interstitial nephritis ?
Ch. Endocarditis 1

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1934

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) Ed James, M. D.

(Address) Jefferson Mo

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.

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