

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

Do not use this space.

6404

1. PLACE OF DEATH

County.....
Township.....
City..... (No.)

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 1224
St. Ward)

2. FULL NAME

(a) Residence, No. 12523 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 78

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Iron Co. Ohio

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Blair Infirmary, 1004 1/2 City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Volhall Ln. DATE Feb 3 1934

19. UNDERTAKER (ADDRESS) Shirley Funeral Home, 4255 1/2

20. FILED FEB - 2 1934 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/21 1934 to 2/1 1934

I last saw him alive on 2/1 1934. Death is said to have occurred on the date stated above, at 9:45 a.m.

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

Diabetic gangrene left foot. Date of onset 5/1 1931

Other contributory causes of importance Diabetic Mellitus, arterio-sclerosis, general.

Name of operation None Date of None

What test confirmed diagnosis? Lab. 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) A. H. Hawley, M. D.

(Address) City, 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.

WPA 24 1934

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