

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

25
1934
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.

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1. PLACE OF DEATH

County Richmond
Township St Joseph Mo
City St Joseph Mo

Registration District No. 85
Primary Registration District No. 1001
State Hosp '2

File No. 7864
Registered No. 269
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1322 Sine R.C. Mo, Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. About 50 Unknown

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) Unknown

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) State Hospital Records St Joseph Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Blue Ridge Farm DATE 3-9-34 1934

19. UNDERTAKER (ADDRESS) Wayle Bros 1708 S. Main Ave. Ke. Mo.

20. FILED 3-5-34 John R. Boulder Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1933 to Mar 5, 1934
I last saw him alive on Mar 5, 1934 Death is said to have occurred on the date stated above, at 1:50 p.m.
The principal cause of death and related causes of importance were as follows:

Pneumo Pneumonia Date of onset Mar 5-34
83
10 11 83
Other contributory causes of importance: General paresis Indefinite

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 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.

Manner of injury _____
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____

(Signed) W. H. Miles, M. D.
(Address) St Joseph Mo
State Hosp No 2

