

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

Do not use this space.

85

**1. PLACE OF DEATH**

County Buchanan Registration District No. 1001 File No. 7978  
 Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 389  
 City St Joseph (No. St Joseph Day St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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) March 2 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
14 0 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School  
 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) Janning Kan

FATHER 13. NAME Sam Briggs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Janning Kan

MOTHER 15. MAIDEN NAME Bertrude Merces

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marysville Mo

17. INFORMANT Sam Briggs  
 (ADDRESS) Janning Kan

18. BURIAL, CREMATION, OR REMOVAL PLACE Day Kan DATE April 2, 1934

19. UNDERTAKER Forest P. Albright  
 (ADDRESS) Day Kan

20. FILED 3-30-34 John A. Bender  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-27 1934, to 3-30 1934

I last saw him alive on 3-29 1934. Death is said to have occurred on the date stated above, at 540A, m.

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

Pneumonia - lobar Date of onset 108  
108

Other contributory causes of importance: \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Culture 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) Paul Ingrow, M. D.

(Address) St Joseph 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

