

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

Do not use this space.

9692

**1. PLACE OF DEATH**

County Marion  
Township Marion  
City Hannibal

Registration District No. 547  
Primary Registration District No. 3079  
(No. 605 Sycamore)

File No. \_\_\_\_\_  
Registered No. 95  
St. 4 Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 605 Sycamore St. 4 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19th 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
57 4 4

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed - Alcoholism Co.

10. Data 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) Shelbyville Tenn.

13. NAME Robert Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelbyville Tenn.

15. MAIDEN NAME Hella Tucker

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

17. INFORMANT Mrs Ruby Jones  
(ADDRESS) 605 Sycamore Hannibal Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Mt Olivet Cem DATE 3/25/34

19. UNDERTAKER James O'Donnell  
(ADDRESS) Hannibal Mo

20. FILED Mar 27 1934 R. H. Johnston  
Registrar.

**(2) MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14 1923, to May 23 1934

I last saw him alive on Mar. 23 1924. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Carcinoma of Spleen  
fracture of chest  
Myocarditis

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

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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. J. Bliss M. D.  
(Address) Hannibal 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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