

MAY 25 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Platte
 Township Weston
 City Weston (No.)

Registration District No. 698
 Primary Registration District No. 4420

File No. 13877
 Registered No.
 St. Ward

2. FULL NAME

(a) Residence, No. St. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26 / 1875
 7. AGE YEARS 78 MONTHS 1 DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 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) Platte Co Mo
(STATE OR COUNTRY)

13. NAME John J Judy
 14. BIRTHPLACE (CITY OR TOWN) Ky
 (STATE OR COUNTRY)

15. MAIDEN NAME Mary Foster
 16. BIRTHPLACE (CITY OR TOWN) Ky
 (STATE OR COUNTRY)

17. INFORMANT Laura Allison
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Chicago Ill
 PLACE Graceland DATE 4/10

19. UNDERTAKER J. B. McMillan
(ADDRESS)20. FILED 4/10 1934 J. B. McMillan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9 193422. I HEREBY CERTIFY, That I attended deceased from Feb 28 1934, to Apr 9 1934I last saw him alive on Apr 8 1934. Death is saidto have occurred on the date stated above, at 2 P m.

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

Uremia Date of onset Other contributory causes of importance: 132B

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 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) J. B. McMillan M. D.
 (Address) Weston, 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.

