

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

Do not use this space.

422

85

15822

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township St Joseph Mo Primary Registration District No. 1001
City St Joseph Mo (No. St Joseph's Hosp 2)

File No. 15822
Registered No. 574
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 20 24 Summit St. C. Mo 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 <u>Ma</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Year 1855</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>unknown</u>	DAYS <u>unknown</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stone Mason</u>		
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		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1934

22. HEREBY CERTIFY, That I attended deceased from Apr 19 1933 to May 13 1934
I last saw him alive on May 13 1934 Death is said to have occurred on the date stated above, at 10:20 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Indefinite Date of onset 3 1/2 yrs
9 3/5
3 4
Other contributory causes of importance:
Syphilis Deep

Name of operation no Date of _____
What test confirmed diagnosis? no 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? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) [Signature] _____, M. D.
(Address) St Joseph No 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill unknown

13. NAME Sam Sayers

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

15. MAIDEN NAME Jennie unknown

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

17. INFORMANT (ADDRESS) St Joseph No 2 St Jo Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City Mo DATE 5-13 1934

19. UNDERTAKER (ADDRESS) 1113 Moore St. St. Jo. Mo.

20. FILED 5-13-34 John R. Renda Registrar.

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.

JUN 20 1934

