

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

Do not use this space.

1. PLACE OF DEATH

County Dunklin Registration District No. 85
 Township St Joseph Primary Registration District No. 1001
 City St Joseph (No. 5621 00 2) St. _____ Ward _____

File No. 15844
 Registered No. 598

2. FULL NAME

(a) Residence, No. 5621 00 2nd St St. _____ Ward _____
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 yrs. 5 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

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

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1934 to May 21, 1934
 I last saw him alive on May 21, 1934 Death is said to have occurred on the date stated above, at 6:00 m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/27 - 1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
13 2 29

Pulmonary embolism Date of onset 5-21-34

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

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

Other contributory causes of importance:
Operated for gangrenous appendicitis 5-16-34

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo

13. NAME J A Cunningham

Name of operation Appendectomy Date of 5-16-34
 What test confirmed diagnosis? _____ Was there an autopsy? no

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

15. MAIDEN NAME Delma Hagedorn

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) J A Cunningham

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE New York DATE 5/23, 1934

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

19. UNDERTAKER (ADDRESS) St Joseph Funeral Home

(Signed) A. W. Kearby, M. D.
 (Address) St Joseph Mo

20. FILED 5-21, 1934 John R Bender 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

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