

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

Do not use this space.

16825

1. PLACE OF DEATH

County Jackson Registration District No. 347
 Township Flaw Primary Registration District No. 1627
 City Hanna, Mo. (No. Missouri Hotel)

File No. 2192
 Registered No. 2192
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Missouri Hotel 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. (If nonresident, give city or town and State)

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 none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 2 25

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

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) (STATE OR COUNTRY) Stark County, Mo.

13. NAME Peter A. House

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stark County, Mo.

15. MAIDEN NAME unknown

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

17. INFORMANT Harry A. House (ADDRESS) Missouri Hotel

18. BURIAL, CREMATION, OR REMOVAL PLACE Reedley, Mo. DATE 5-18-34

19. UNDERTAKER H. K. Quinn (ADDRESS) 507 7th

20. FILED May 19 34 1934 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/15/34 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____

I last saw _____ alive on _____, 19____ Death is said

to have occurred on the date stated above, at _____ m.

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

Suicide by Carbolic Acid Date of onset 163-3

Other contributory causes of importance: no

Name of operation Autopsy Date of _____

What test confirmed diagnosis Autopsy Was there an _____

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

Where did injury occur 310 1/2 St. & 12th (Specify city or town, county, and State)

Specify whether injury occurred in a house, in a home, or in public place.

Manner of injury Drunk Carbolic acid

Nature of injury Drunk Carbolic acid

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Alfred _____, M. D.

(Address) Alfred

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 19 1934

WRITE PAINFULLY, WITH OBTAINING THIS IS A PAINFUL TASK

