

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**

File No. **22657**
Registered No. **6491**
St. Ward)

2. FULL NAME

(a) Residence, No. **1036 Barton** St. Ward. **23**
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **30** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M		4. COLOR OR RACE W		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of J. Rade					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1864					
7. AGE YEARS 69		MONTHS 11		DAYS 26	
If LESS than 1 day, hrs. or min.					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Werk				
	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) Texas					
FATHER	13. NAME William Jones				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas				
MOTHER	15. MAIDEN NAME Unknown				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown				
17. INFORMANT (ADDRESS) Wm J. McKent City, Mo.					
18. BURIAL, CREMATION, OR REMOVAL PLACE S. P. Kelly & Paul DATE July 2, 1937					
19. UNDERTAKER (ADDRESS) Wm J. Brand					
20. FILED 11-2-14-37 19 J. J. Brebeck Registrar.					

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 24, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **6/22**, 19**37**, to **6/29**, 19**37**.
I last saw him alive on **6/29**, 19**37**. Death is said to have occurred on the date stated above, at **5:59** m.
The principal cause of death and related causes of importance were as follows:
Cardiovascular renal disease
Date of onset **12/1936**

Other contributory causes of importance:
95 hrs

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?
If so, specify **Same**
(Signed) **City, Mo.** M. D.
(Address) **City, Mo. #1**

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.

AUG 25 1937

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

J. J. Sauer.