

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

Do not use this space.

1. PLACE OF DEATH

County Richmond Registration District No. 85 File No. 23281
 Township St. Joseph Primary Registration District No. 1001 Registered No. 787
 City St. Joseph (No. Mo. Tub. Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 11215 Maple St., _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 17 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 Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21-1917

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
17 4 18

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) (STATE OR COUNTRY) Unknown Missouri

13. NAME Sam E Johnson

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

15. MAIDEN NAME Lena Roberts

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

17. INFORMANT (ADDRESS) J. J. Jones 11215 Maple

18. BURIAL, CREMATION, OR REMOVAL PLACE Ash laid DATE 7/12/34

19. UNDERTAKER (ADDRESS) Blumfeld Funeral Home 216 So 10th

20. FILED 7-9-34 1934 John R. Bender Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9 1934

22. I HEREBY CERTIFY, that I attended deceased from July 3 1934 to July 9 1934
 I last saw him alive on July 9 1934. Death is said to have occurred on the date stated above, at 11:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Rheumatic Heart Disease, Chronic Myocarditis, Chronic Endocarditis
 Date of onset Unknown

Other contributory causes of importance: Rheumatic Fever
920
 Date of onset Unknown

Name of operation none Date of _____
 What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) E. M. Shores, M. D.
 (Address) 317 Kirkpatrick Bldg St. Joseph 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.

AUG 14 1934

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

