

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

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

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. 23365

Township St Joseph

Primary Registration District No. 3001

Registered No. 873

City St Joseph

Ward # 2

St. _____ Ward _____

2. FULL NAME

(a) Residence No. Macon Mo

(Usual place of abode)

Ward _____

(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 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1864

7. AGE YEARS 70 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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

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) Utman

13. NAME Utman

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

15. MAIDEN NAME Utman

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

17. INFORMANT (ADDRESS) St Joseph Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Macon Mo DATE 7 25 1934

19. UNDERTAKER (ADDRESS) Stephen Woodding

20. FILED 24 1934 John K. Beardsley Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from July 18 1934 to July 23 1934

I last saw him alive on July 23 1934. Death is said to have occurred on the date stated above, at 12:49 p.m.

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

Arteriosclerosis Indefinite

Other contributory causes of importance: age

Name of operation _____ 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? none (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 none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. Miles, M. D.

(Address) State Hosp No 2 St Joseph Mo

