

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.

SEP 20 1904

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

Do not use this space.

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kearney

Primary Registration District No. 1282

City Kearney (No. General Hospital)

File No. 24960

Registered No. 72100 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 614 1/2 Main St. _____ Ward _____
(Usual place of abode)

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6-1854

7. AGE YEARS 80 MONTHS - DAYS 22 If LESS than 1 day, hrs. or min.

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

MOTHER 13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) H. Bergman

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenham DATE Aug 1-31 1904

19. UNDERTAKER (ADDRESS) H. Bergman

20. FILED 8-1-34 M. M. Jerome Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23-1904

22. I HEREBY CERTIFY that the deceased occurred from

I last saw him alive on _____ 1904 Death is said

to have occurred on the date stated above, at _____

The principal cause of death and relative causes of importance were as follows:
Arteriosclerosis of heart
Bronchopneumonia

Other contributory causes of importance:
W 1860

Name of operation _____ Date of _____

What test confirmed diagnosis _____

23. If death was due to accident, violence, or homicide, fill in the following:

Accident, suicide, or homicide _____ Date of injury _____

Where did injury occur? 614 1/2 Main Street
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell and struck by

Nature of injury _____

24. Was disease or injury caused by or related to occupation of deceased?

If so, specify _____

(Signed) _____, M. D.

(Address) _____

