

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

Do not use this space.

SEP 20 1934

29309

1. PLACE OF DEATH

County Jackson Registration District No. 2002
 Township Kaw Primary Registration District No. _____
 City Kennett (No. 524) _____ St. _____ Ward _____

File No. _____
 Registered No. 3726

2. FULL NAME

(a) Residence, No. 524 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 Ma 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>approx 65</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Living Repairing 191

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) Mo.

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 Basel D. Peniter

(ADDRESS) See no 18

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 8-10-34

19. UNDERTAKER H. Tigerman & Sons

(ADDRESS) 11 E. Mo.

20. FILED Aug 10, 34 M. M. Crowe
 asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/19/34

22. I HEREBY CERTIFY that _____ deceased from _____, 19____
 I last saw him _____ live on _____, 19____ Death is said to have occurred on the date stated above, at _____

The principal cause of death and related causes of importance were as follows:
Heat Prostration Date of onset _____

Other contributory causes of importance: _____

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 _____ (Signed) _____, M. D.

(Address) _____

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.

