

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

Do not use this space.

" SEP 30 1934

29565

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Jackson Primary Registration District No. 1007
 City Wassasaty (No. K.C. General Troop) St. _____ Ward _____

File No. _____
 Registered No. 3984

2. FULL NAME

(a) Residence, No. 5026 Tracy St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-26 1934

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

22. I HEREBY CERTIFY, That I attended deceased from 8-15 1934, to 8-26 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22 1885

I last saw him alive on 8-26 1934 Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 6 4

to have occurred on the date stated above, at 8:00 am

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

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

Date of onset Diabetes Mellitus

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

59 39

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: Diabetic gangrene

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

Name of operation _____ Date of _____

13. NAME John Blaham

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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

23. If death was due to external causes (violence), fill in also the following

15. MAIDEN NAME Ella Still

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) David Clark

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Atchison, Kas DATE Aug 28 1934

Manner of injury _____

Nature of injury _____

19. UNDERTAKER (ADDRESS) J. A. Butler, Son

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

20. FILED 9 27 1934 W. M. Browne Registrar.

(Signed) J. J. Gemmet, M. D.

(Address) St. Louis Gen Hosp

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.

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

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2
8
2

