

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

Do not use this space.

32899

OCT 17 1934

1. PLACE OF DEATH

County Jackson Registration District No. 395
 Township Kennett Primary Registration District No. 100 File No. 4236
 City Ransom, Co. Mo. (No. Mo. Joseph's Hospital St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. 81400 Jarboe 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) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30 1924
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 10 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school child
 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) Kennett Missouri

13. NAME Joseph Orlando

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

15. MAIDEN NAME Eugenie Clements

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albina Kansas

17. INFORMANT Joseph Orlando (ADDRESS) 81400 Jarboe

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Zion, Calif. 9/18 19.

19. UNDERTAKER A. S. Selt (ADDRESS) 701 East 5th

20. FILED 9-17-34 M. M. Cronin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14 1934
 22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1934, to Sept 14, 1934
 I last saw him alive on Sept 14, 1934. Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Acute lymphatic Leukemia Date of onset July 25 1934
72a
 Other contributory causes of importance: Mumps, Pertussis, Suppurative cervical gland (open) Jan 1934, March 1934, April 1934

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

28. 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) Edison Key Silver, M. D.
 (Address) 822 Rhatton Bldg
K. E. M.

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.

