

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Rau
City Kennett

Registration District No. 399
Primary Registration District No. 100
No. 1417, Virginia

File No. 36027
Registered No. 4528
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 1007 Virginia 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 <u>male</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 1884</u>		
7. AGE	YEARS <u>50</u>	MONTHS -
	DAYS -	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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) <u>Kansas</u>		
FATHER	13. NAME <u>James Johnson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>	
MOTHER	15. MAIDEN NAME <u>Alice Hyles</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no</u>	
17. INFORMANT <u>Mrs Alice Bryant</u> (ADDRESS) <u>1417 Virginia</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland</u> DATE <u>10-15</u> , 19 <u>34</u>		
19. UNDERTAKER <u>J. H. Moore</u> (ADDRESS) <u>1820 E. 10th</u>		
20. FILED <u>10/11</u> , 19 <u>34</u> <u>M. M. Crowe</u> <u>Regist.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-9-34

22. I HEREBY CERTIFY, That I attended deceased from 10-6-34, 1934, to 10-9-34, 1934.
I last saw him alive on 10-8-34, 1934. Death is said to have occurred on the date stated above, at 3:30 p. m.
The principal cause of death and related causes of importance were as follows:
108
Other contributory causes of importance: 108

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

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) Robert P. Moore M. D.
(Address) 1612 E. 12

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.

