

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.

DEC 18 1934

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

Do not use this space.

39461

1. PLACE OF DEATH

County Jackson
Township Waverly
City Keokuk City (No. 1002)

Registration District No. 1002
Primary Registration District No. 1002

File No. 4972
Registered No. 4972 Ward

2. FULL NAME

(a) Residence, No. 1104 Broadway 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-17-1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
26 1 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) none

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Debra Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE 11/16 1934

19. UNDERTAKER (ADDRESS) Peter B. Kapetynski

20. FILED 11-15 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-9, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-3, 1934 to 11-9, 1934

I last saw him alive on 11-7, 1934 Death is said

to have occurred on the date stated above, at 4:22 p.m.

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

Subarachnoid hemorrhage Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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) J. J. [Signature], M. D.

(Address) Keokuk Gen Hosp

