

DEC 13 1934

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

Do not use this space.

40940

1. PLACE OF DEATH

County.....
 Township.....
 City.....

Registration District No. **791**
 Primary Registration District No. **1033**
 (No. **3508^a**, **Rossuth Ave**)

File No. **10881**
 Registered No. **10881**
 St. Ward)

2. FULL NAME

(a) Residence, No. **3508^a Rossuth Ave St.**, **10** 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>May Louise Dailey</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>8-31-1869</i>		
7. AGE	YEARS	MONTHS
	<i>65</i>	<i>2</i>
		DAYS
		<i>22</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Night Watchman</i>		11. Total time (years) spent in this occupation
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Louisville Ky*13. NAME *James Dailey*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*15. MAIDEN NAME *Elizabeth James*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*17. INFORMANT (ADDRESS) *May Louise Dailey 3508^a Rossuth Ave*18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *11-15*, 19*34*19. UNDERTAKER (ADDRESS) *H. W. Brock and Co 2117 E. Grand*20. FILED *13* 1934, 19 *J. Beedeck* Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 13*, 19*34*22. I HEREBY CERTIFY, That I attended deceased from *Nov. 10*, 19*34*, to *Nov 13*, 19*34*I last saw him alive on *Nov 13*, 19*34* Death is said to have occurred on the date stated above, at *4:30 p.m.*

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

Pulmonary Tuberculosis Date of onset *1922*

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? *Alcohol* 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? *Yes*If so, specify *Otto Jensen*, M. D.(Signed) *Otto Jensen*, M. D.(Address) *906 Olive St*

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.

Dr Otto Sutter

318 Frisco Bldg

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