

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

Do not use this space.

42801 ✓

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Independence Primary Registration District No. 3019

File No. _____
Registered No. 404
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 11301 East 15 St., _____ Ward.

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 1934

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

22. I HEREBY CERTIFY, That I attended deceased from 2/11/34 1934, to _____, 1934

I last saw him alive on Dec - 6 - 1934. Death is said to have occurred on the date stated above, at _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12 - 1851

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 83 0 23

Other contributory causes of importance: Old Age & Paralysis

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, Retired R.R. Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 18 years
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westfield, Pa.

13. NAME Unknown

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

15. MAIDEN NAME _____

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

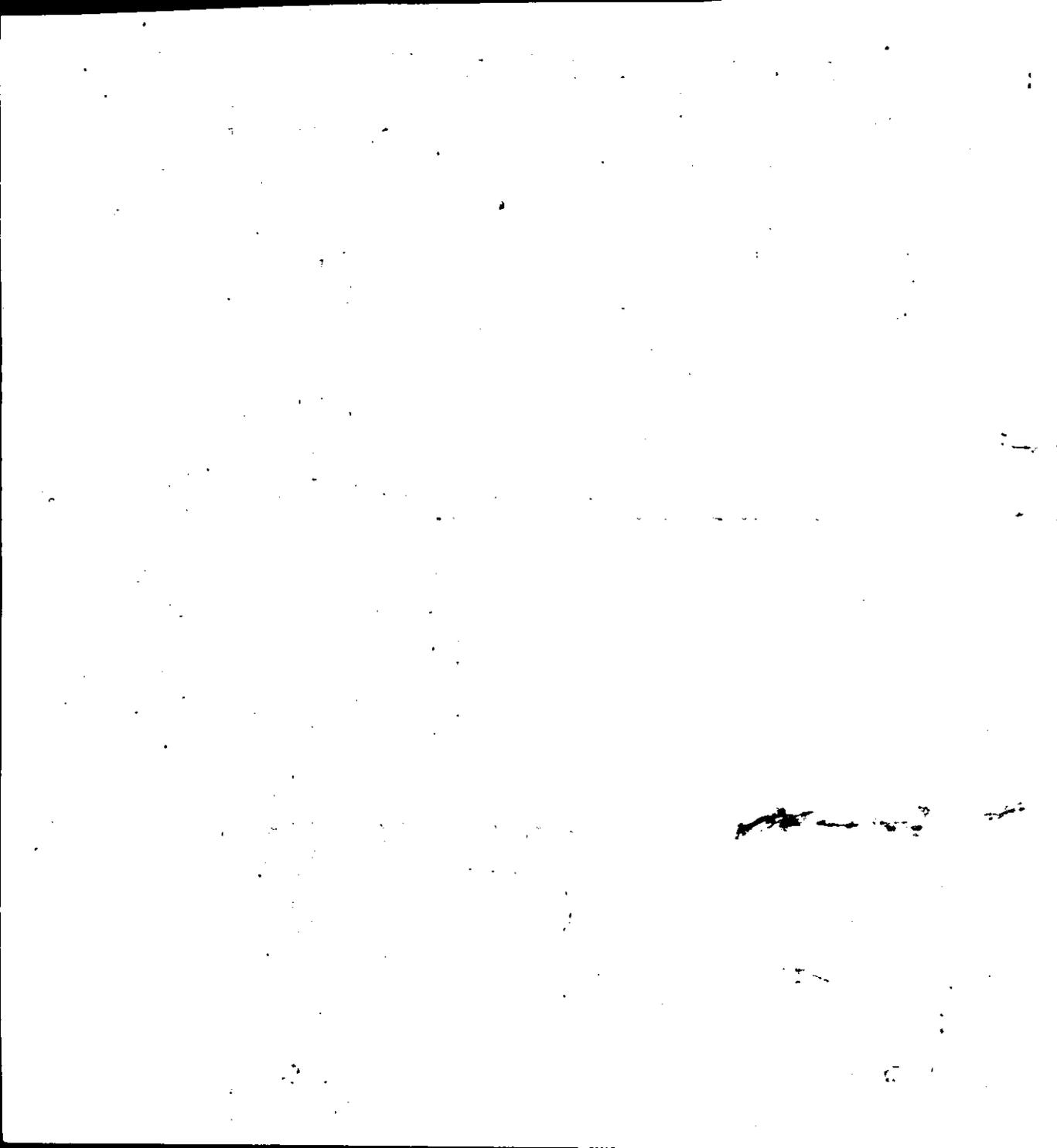
17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL Mount Washington Dec 8 1934

19. UNDERTAKER (ADDRESS) George C. Carson Independence, Mo.

20. FILED 12-8-34 J. A. Cook Registrar

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of cause of death in plain terms, so that it may be properly classified.



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

Do not use this space.

MAY 9 5 1935

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Independence Primary Registration District No. 3019
 City Independence (No. Indep. Sanitarium) St. _____ Ward)

File No. 42801
 Registered No. 404

2. FULL NAME

(a) Residence, No. _____ 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) w

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 0 29

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)

MOTHER 13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED May 9 1935 F. L. Cook Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____

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

Date of onset

Other contributory causes of importance:

Paratyphoid fever
in Kansas and
as the doctor is dead and
unable to get any information
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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) _____, M. D.

(Address) _____

MAY 8 1964

1284-5