

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

Do not use this space.

556 FEB 20 1935

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1. PLACE OF DEATH

County Buchanan Registration District No. 83
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph (No. State Hosp # 2) St. Ward

File No.
 Registered No. 31
 St. Ward

2. FULL NAME

(a) Residence, No. St. Ward St. Joseph Mo
 (Usual place of abode)
 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>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 2, 1855</u>		
7. AGE	YEARS	MONTHS
	<u>79</u>	<u>1</u>
		DAYS
		<u>5</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Drug Clerk</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>	
	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>Ohio Buchanan</u>		
FATHER	13. NAME <u>Charles H. Black</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio Buchanan</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Fisher</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio Buchanan</u>	
17. INFORMANT (ADDRESS) <u>Records State Hosp. St. Joseph Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>King City, Mo</u> DATE <u>Jan 9, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Lucile M. Wilson</u>		
20. FILED <u>JAN 7 1935</u> <u>John R. Bender, Jr.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1933 to Jan 7, 1935.
 I last saw him alive on Jan 6, 1935. Death is said to have occurred on the date stated above, at 7:45 a. m.
 The principal cause of death and related causes of importance were as follows:

Diabetic Mellitus prior Jan 4/35
Urinary Obstruction
Hypertrophied Prostate 4/35
Senile Psychoses prior June 8/33

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? No
 If so, specify.....
 (Signed) W. Clifton Smith, M. D.
 (Address) State Hospital # 2 St. Joseph Mo

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.

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