

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.

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

Do not use this space.

FEB 25 1935

1118

1. PLACE OF DEATH

County Jackson Registration District No. 598
Township Independence Primary Registration District No. 3019
City Independence (No. 123 East Ruby) St. Mo. Ward 4

2. FULL NAME

Maurice M. Latimer
(a) Residence, No. 123 East Ruby St. Mo. Ward 4
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. 7 ds. How long in U. S., if of foreign birth? yrs. 7 mos. 7 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 Julia M. Latimer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2, 1881

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>53</u>	<u>4</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Capt Woodlawn Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woodlawn Co.

10. Date deceased last worked at this occupation (month and year) Jan 25, 1935

11. Total time (years) spent in this occupation 7 yrs 7 mos 7 ds

12. BIRTHPLACE (CITY OR TOWN) Independence
(STATE OR COUNTRY) Missouri

13. NAME James Latimer

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

15. MAIDEN NAME Susan Williamson

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

17. INFORMANT M. Latimer
(ADDRESS) 123 East Ruby

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Co. DATE Jan 27, 1935

19. UNDERTAKER H. B. Bush
(ADDRESS) 101 So. Chesapeake St. Mo.

20. FILED 1-28, 1935 F. D. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1934, to Jan 25, 1935

I last saw him alive on Jan 25, 1935. Death is said to have occurred on the date stated above, at 1 P. m.

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

Chronic nephritis
Uremia
MI
Date of onset Jan 21

Other contributory causes of importance: myocarditis
atherosclerosis
anemia

Name of operation none Date of —
What test confirmed diagnosis? chemical 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) J. E. Heckerson, M. D.
(Address) Independence, Mo.

