

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

Do not use this space.

580 MAR 20 1935

**1. PLACE OF DEATH**

County Beverly

Registration District No. 85

Township St. Joseph

Primary Registration District No. 1001

City St. Joseph (No. State Hospital No. 2)

File No. 4424

Registered No. 191

**2. FULL NAME**

(a) Residence, No. St. Joseph, Mo. St.          Ward.         

Length of residence in city or town where death occurred 35 yrs. 6 mos. 28 ds. How long in U. S., if of foreign birth? yrs.          mos.          ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1871

7. AGE YEARS 64 MONTHS Unknown DAYS          IF LESS than 1 day,          hrs.          min.

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer  
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) Unknown Unknown

13. NAME Unknown Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT State Hospital Records (ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL State Hosp. Cemetery PLACE St. Joseph, Mo. DATE Feb. 14, 1935

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) St. Joseph, Mo.

20. FULL TIME FEB 14 1935 19          John C. Bender Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1935 to Feb 12, 1935

I last saw him alive on Feb 12, 1935 Death is said to have occurred on the date stated above, at 3:40 A.M.

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

Lobar Pneumonia

Other contributory causes of importance:

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? No

If so, specify         

(Signed) J. B. Burch M. D.

(Address) State Hosp #2

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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