

APR 22 '35 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

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8978

1. PLACE OF DEATH

County Jackson
Township
City Independence (No.)

Registration District No. 398
Primary Registration District No. 3019

File No.
Registered No. 67
St. Ward)

2. FULL NAME

Fred Almonte Day

(a) Residence, No. 1573 1/2 Liberty St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9th 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 9 22

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

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) May 19, 33 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Mo

13. NAME Ira A Day

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Mary A Wagner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Alberta Day W. M. A. Livingston (ADDRESS) 776

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo DATE March 3 1935

19. UNDERTAKER W. Mitchell Thomas Home (ADDRESS) 310 N. Main St. Independence Mo

20. FILED 3-2-35 F. D. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1st 1935 to March 1st 1935

I last saw him alive on March 1, 1935 Death is said to have occurred on the date stated above, at 12:04 a.m.

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

Cerebral Hemorrhage

Date of onset 3-1-35

Other contributory causes of importance:

hypertension

Name of operation 0 Date of

What test confirmed diagnosis? Cluscal Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

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. H. Allen, M. D.

(Address) Independence Mo

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.

