

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.

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

Do not use this space.

APR 9 1935

791
1003

10848

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City _____ (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 24771
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ (Usual place of abode) _____ 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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3/3 1935*

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

22. I HEREBY CERTIFY, That I attended deceased from *2/18* 1935, to *3/3* 1935.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 5 - 1859*

I last saw *him* alive on *3/3/35* 1935. Death is said to have occurred on the date stated above, at *11:30* a.m.

7. AGE YEARS MONTHS DAYS IF LESS than day, hrs. or min. *75 9 27*

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *nil*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Data deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Date of onset

act. rel. HT disease
Chs Myocarditis
930

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Sumner Missouri*

Name of operation _____ Date of _____

13. NAME *Unknown*

What test confirmed diagnosis? _____ Was there an autopsy? *no*

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

23. If death was due to external causes (violence); fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

15. MAIDEN NAME *Unknown*

Where did injury occur? _____ (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) *Walter J. Kelly City 24771*

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE *Rollers field* DATE *May 15th 1935*

Nature of injury _____

19. UNDERTAKER (ADDRESS) *Prophan Und. Co. Inc. 716 Manchester Ave*

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

20. FILED *MAR 15 1935* *Joe J. Bredek Registrar.*

(Signed) *J. Kelly*, M. D.

(Address) *City 24771*

