

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

Do not use this space.

MAY 21 1935

12033

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township Washington Primary Registration District No. 1001
 City Saint Joseph (No. 826 Elizabeth St.)
 2. FULL NAME John Wesley Southard
 (a) Residence, No. 826 Elizabeth St., Ward.
 (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.

File No.
 Registered No. 465
 St. Ward)

(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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Samantha Southard
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 22, 1971
 7. AGE YEARS 63 MONTHS 7 DAYS 29 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atchison Kansas
 13. NAME William Southard
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown unknown
 15. MAIDEN NAME Unknown Williams
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown unknown
 17. INFORMANT Mrs. Samantha Southard (ADDRESS) 826 Elizabeth Street
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora cemetery DATE April 23, 1935
 19. UNDERTAKER E.R. Siderfaden (ADDRESS) 602 South 10th St.
 20. FILED 4-22-35 John H. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1935
 22. I HEREBY CERTIFY, That I attended deceased from 4/19, 1935, to Apr 21, 1935
 I last saw him alive on Apr 20, 1935. Death is said to have occurred on the date stated above, at 2:10 A.M.
 The principal cause of death and related causes of importance were as follows:
Labar pneumonia Date of onset 4/18/35
double
 Other contributory causes of importance: Asbestosis
 Name of operation Date of
 What test confirmed diagnosis? clinical Was there an autopsy? w
 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? w
 If so, specify
 (Signed) Fenton Gundlach, M. D.
 (Address) 716 1/4 W. Mc. Ave

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.

Dr. H. H. H.

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