

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.

JUN 1 8 1935

1. PLACE OF DEATH

County

Richman

Registration District No.

85

Township

City

St. Joseph Mo.

Primary Registration District No.

1001

File No.

15697

Registered No.

587

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Ganer P. Davis
Jackson Co. Clerk

St.

Ward.

Kansas City Mo.

(If nonresident, give city for 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

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

Unknown

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

April 1881

7. AGE

YEARS

54

MONTHS

0

DAYS

6

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Laborer

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)

Richman Canada

FATHER

13. NAME

Unknown

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

Unknown Unknown

MOTHER

15. MAIDEN NAME

Unknown

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

Unknown Unknown

17. INFORMANT (ADDRESS)

State Hospital Records Jackson Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE

Boyle's Cem

DATE

5/30

1935

19. UNDERTAKER (ADDRESS)

J. S. Stimpfley 157 900th St. St. Joseph Mo.

20. FILED

5-31-1935

John H. Beader Registrar

MEDICAL CERTIFICATE OF DEATH

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

May 28 1935

22. I HEREBY CERTIFY, That I attended deceased from

Feb 12 1907 to May 28 1935

I last saw him alive on *May 28 1935* Death is said

to have occurred on the date stated above, at *1092* m.

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

Bronch. Pneumonia

Date of onset *5-26-35*

Other contributory causes of importance:

Chronic Asthma

Inadequate

Name of operation

no

Date of

What test confirmed diagnosis?

clin

Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *no* Date of injury

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

home

Nature of injury

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

If so, specify

(Signed)

J. S. Miles

M. D.

(Address)

State Hosp No 2

