

MAY 16 1935

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

Do not use this space.

16477  
1935

## 1. PLACE OF DEATH

County JacksonRegistration District No. 399Township St. JoePrimary Registration District No. 1007City St. Joe, Mo. (No. General Hosp #2)File No. 1935Registered No. 321St. 3rd Ward

## 2. FULL NAME

(a) Residence, No. 128 Massachusetts 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-10-1891</u>		
7. AGE	YEARS	MONTHS
	<u>43</u>	<u>11</u>
		DAYS
		<u>29</u>
		If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cook</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
FATHER	13. NAME <u>unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Jesse Bower</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT (ADDRESS) <u>Record Clerk</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Leamouth Co</u> DATE <u>May 13</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Lamm - Camp &amp; Erving</u> <u>119 E. 19 St.</u>		
20. FILED <u>5-11</u> 19 <u>35</u> <u>om</u> <u>Crowe</u> <u>Registrar.</u>		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>5-10</u> 19 <u>35</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>4-29</u> 19 <u>35</u> to <u>5-10</u> 19 <u>35</u>
I last saw him alive on <u>5-10</u> 19 <u>35</u> Death is said to have occurred on the date stated above, at <u>3:00 A.M.</u>
The principal cause of death and related causes of importance were as follows: <u>Lobar Pneumonia</u> <u>(Massive - Left)</u>
Other contributory causes of importance: <u>9</u>
Name of operation <u>Lobectomy</u> Date of <u>5-10</u>
What test confirmed diagnosis? <u>1</u> Was there an autopsy? <u>Yes</u>
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? _____ If so, specify _____
(Signed) <u>J. O. Purney</u> , M. D. (Address) <u>General Hosp. #2</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

100M-17-24-33

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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