

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.

16609

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Frank Primary Registration District No. 1002
City Keosauqua City Mo. 2405 E 27th St

File No. _____
Registered No. 2121
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2405 E 27th St., _____ Ward.

(Usual place of abode) (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 10, 1908
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 27 1 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dupain Studios
10. Date deceased last worked at this occupation (month and year) May 15, 1935 11. Total time (years) spent in this occupation 3 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rich, Mo.

13. NAME George S. Mather, Mo.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montrose, Mo.

15. MAIDEN NAME Joanetta Matherly

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

17. INFORMANT Fern Walker (ADDRESS) Creighton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Urish Mo. DATE 9-4 1935

19. UNDERTAKER Smith & Strabane (ADDRESS) Urish Mo.

20. FILED May 22, 1935 M. M. Cronshaw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1935, to May 22, 1935

I last saw him alive on May 22, 1935. Death is said to have occurred on the date stated above, at 1025 R.

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

Cardiac Failure

Date of onset May 12, 1935

Other contributory causes of importance:

Tubercular Pneumonia

5/17/35

Name of operation _____ Date of _____
What test confirmed diagnosis? Phy. Exam. Was there an autopsy? _____

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? No
If so, specify _____

(Signed) John M. Sawyer, M. D.
(Address) 3322 E. 27th St.

