

JUL 2 2 1935

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

Do not use this space.

19676

1. PLACE OF DEATH

County Jackson Registration District No. 1  
Township 2<sup>nd</sup> Mo. Primary Registration District No. General Hosp. #2  
City St. Mo. (No. General Hosp. #2) St. 3<sup>rd</sup> Ward

File No. 2012  
Registered No. 2012  
St. 3<sup>rd</sup> Ward

2. FULL NAME

(a) Residence, No. 1392 E. 30<sup>th</sup> St., Ward. 3<sup>rd</sup>  
(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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-11-1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
65 1 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor  
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) Don't know

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Record Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Leadon DATE 6/6/35

19. UNDERTAKER (ADDRESS) First Op. & S. Co.

20. FILED 95 1935 St. Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-4, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-3, 1935 to 6-4, 1935

I last saw him alive on 6-4, 1935 Death is said to have occurred on the date stated above, at 5:45 P.M.

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

Chronic Nephritis Date of onset  
with  
uremia

Other contributory causes of importance:

Name of operation 121 Date of Yes  
What test confirmed diagnosis? 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) D. O. Shroyer, M. D.  
(Address) General Hosp. #2

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.

