

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

25607

1. PLACE OF DEATH

County Beechman Registration District No. 85  
Township St. Joseph Primary Registration District No. 1001  
City St. Joseph (No. 502, Woodson) St. 1st Ward

File No. 823  
Registered No. 823

2. FULL NAME

(a) Residence, No. 502 Woodson Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 50 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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Alice Poling</u> (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 15 1863</u>		
7. AGE <u>72</u> YEARS	MONTHS <u>2</u>	DAYS <u>16</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>Laborer</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/6, 1935, to 8/1, 1935  
I last saw him alive on 7/26, 1935. Death is said to have occurred on the date stated above, at 8 P. M.  
The principal cause of death and related causes of importance were as follows:  
Myocardial degeneration  
Cardiac decompensation  
Disease  
Date of onset

Other contributory causes of importance:

Name of operation: None Date of: None  
What test confirmed diagnosis? Exam Was there an autopsy? refused

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) Rein M. Walker, M. D.  
(Address) 310 7th St. Bank  
St. Joseph, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co Mo

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. May Davis  
(ADDRESS) Wagon City Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Aug 3 1935 Memorial Park DATE 1935

19. UNDERTAKER St. James Free Home  
(ADDRESS) St. Joseph Mo

20. FILED 8-3, 1935 - John R. Bender  
Registrar

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.

