

SEP 25 1935

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

Do not use this space.

26623

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township LeauPrimary Registration District No. 1002City Russas City (No. 5725 Loop Parkway)File No. 1002-1002Registered No. 26623

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5725 Loop Parkway, 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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W.H. Toohy6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-21-18527. AGE YEARS 82 MONTHS 9 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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) Louisville (STATE OR COUNTRY) Ky.13. NAME James Hackley14. BIRTHPLACE (CITY OR TOWN) Va. (STATE OR COUNTRY)15. MAIDEN NAME Ran Mann16. BIRTHPLACE (CITY OR TOWN) Va. (STATE OR COUNTRY)17. INFORMANT Witleton Home Records (ADDRESS) Russas City18. BURIAL, CREMATION, OR REMOVAL PLACE Wash DATE 8/27/3519. UNDERTAKER Stine & McClure H. Co (ADDRESS) Russas City, Mo.20. FILED Aug 27, 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/24, 193522. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1935, to Aug 24, 1935I last saw him alive on Aug 23, 1935. Death is said to have occurred on the date stated above, at 1:45 A.M.

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

Heart Prostration

Date of onset

Aug 1

30

2 yrs.

Other contributory causes of importance:

chronic nephritis

Name of operation _____ Date of _____

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? _____

If so, specify _____

(Signed) John A. Lapp, M. D.(Address) 1314 Professional Bldg.

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.

Prof. B. G.