

OCT 2 2 1935

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

Do not use this space.

29709

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
Township Jackson Primary Registration District No. 1002 Registered No. _____
City Jackson (No. _____) St. Joseph Hospital St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) 1212 Washington
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) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14 1888

7. AGE YEARS 54 MONTHS 6 DAYS 10 If LESS than 1 day, _____ hrs. of _____ min.

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

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) Jackson, Mo.

13. NAME Thomas Moran

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

15. MAIDEN NAME Bridget J. Sempney

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

17. INFORMANT (ADDRESS) Miss Catherine Moran

18. BURIAL, CREMATION OR REMOVAL PLACE St. Joseph DATE Sept 27 1935

19. UNDERTAKER (ADDRESS) 700 Milligan

20. FILED Sept 26 1935 M. M. Crown Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1935, to Sept. 23, 1935

I last saw him alive on Sept. 22, 1935. Death is said

to have occurred on the date stated above, at 4:10 am

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

PERFORATED DUODENAL ULCER Date of onset _____
GENERALIZED PERITONITIS

Other contributory causes of importance:
ADHESIVE PERICARDITIS
CIRRHOSIS IN LIVER

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? YES

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? _____

Specify _____
(Address) P. C. Ziegler, M. D.
6944 Prospect
R. E. King

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.

