

OCT 23 1935

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

Do not use this space.

31100

1. PLACE OF DEATH

County.....
Township.....
City.....
9297

Registration District No. 791
Primary Registration District No. 1003
City, St. Joseph

File No. 7895
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 4260 St. Charles wife

(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. 10 How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 5
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Retained

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14 1839

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
95 9 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) Missouri

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT St. Joseph City

18. BURIAL, CREMATION OR REMOVAL PLACE Waterloo Ill. DATE Oct 21 1935

19. UNDERTAKER Drehermann Harro (Address) 1905 Union

20. FILED SEP 20 1935 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/11 1935 to 9/19 1935

I last saw him alive on 9/19 1935. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Generalized
General Arteriosclerosis
Arterio sclerosis of disease

Date of onset

Other contributory causes of importance:
by Chr. 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? No
If so, specify

(Signed) W. L. Harris, M. D.
(Address) City, St. Joseph

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.

