

NOV 21 1935

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

Do not use this space.

32669

1. PLACE OF DEATH

County Jackson Registration District No. 205
Township Jones Primary Registration District No. 205
City Kennett (No. 205 Jones City General Hospital St. Ward)

File No.
Registered No.

2. FULL NAME

(a) Residence, No. Jones, Mo. St. 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 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) 4-12-1907

7. AGE YEARS 33 MONTHS 5 DAYS 25 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Keokuk (STATE OR COUNTRY) Missouri

FATHER 13. NAME Morgan Quick

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

MOTHER 15. MAIDEN NAME Sadie Mitchell

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

17. INFORMANT Recard Clark (ADDRESS) F. B. General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Keokuk Mo. DATE 10-8 1935

19. UNDERTAKER Morton Burial Home (ADDRESS) North Kansas City Mo.

20. FILED Oct 8 1935 M. M. Cron Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-7-1935

22. I HEREBY CERTIFY, That I attended deceased from 9-7-35 to 10-7-35, 1935. I last saw him alive on 10-7-1935. Death is said to have occurred on the date stated above, at 11:40 a.m.

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

6. S. S. Syphilis

Date of onset

Other contributory causes of importance

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?

If so, specify (Signed) J. J. [Signature], M. D. (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

