

NOV 21 1935

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

Do not use this space.

32874

1. PLACE OF DEATH

County Jackson
Township Wagon
City Wagon (No. 1309 East 9)

Registration District No. 500
Primary Registration District No. 1029

File No.
Registered No. 7059
St. Ward

2. FULL NAME

(a) Residence, No. 1309 E 9 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24 - 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 5 28

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) (STATE OR COUNTRY) Spring Lake, Iowa

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Sally J. Brown (ADDRESS) 1309 E 9

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Ch. DATE Oct 26 1935

19. UNDERTAKER A. P. Dachtler (ADDRESS) 1415 E 15

20. FILED 10 W 1935 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-22- 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-23- 1935 to 10-22- 1935

I last saw him alive on 10-22- 1935 Death is said to have occurred on the date stated above, at 3:30 P m.

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

Cardiovascular renal disease - (cardiac hypertrophy, Edema & Hypertension)

Other contributory causes of importance: Lobar Pneumonia

Name of operation None Date of

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)

Manner of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify J. P. Grimes (Signed) Tenth & Harrison Ave M. D. (Address)

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.

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