

NOV 9 1935

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

Do not use this space.

34084

1. PLACE OF DEATH

County

Registration District No.

Township

City Registration District No.

City

(No.)

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

mos.

ds.

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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19. UNDERTAKER (ADDRESS)

20. FILED

19

5861 01 100

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 8-28-1935, to 10-7-1935

I last saw him alive on 10-7-1935. Death is said

to have occurred on the date stated above, at 10:20 a.m.

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

Tuberculous

pericarditis

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clinical. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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)

(Address)

Date of case

F-283

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. THIS IS A PERMANENT RECORD

The following is a list of the names of the persons who were present at the meeting held on the 15th day of August, 1945, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

The names of the persons present are as follows:

Mr. J. Edgar Hoover	Mr. Clegg	Mr. Glavin	Mr. Ladd	Mr. Nichols	Mr. Rosen	Mr. Tracy	Mr. Carson	Mr. Egan	Mr. Gurnea	Mr. Hendon	Mr. Mumford	Mr. Quinn	Mr. Nease	Mr. Pennington	Mr. Starnes	Mr. Tamm	Mr. Egan	Mr. Gurnea	Mr. Hendon	Mr. Mumford	Mr. Quinn	Mr. Nease	Mr. Pennington	Mr. Starnes	Mr. Tamm
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The undersigned, being duly sworn, depose and say that the foregoing is a true and correct list of the names of the persons who were present at the meeting held on the 15th day of August, 1945, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

Executed at New York, New York, this 15th day of August, 1945.

 Special Agent in Charge