

DEC 18 1935

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

Do not use this space.

35817

1. PLACE OF DEATH

County St. LouisRegistration District No. 319Township St. LouisPrimary Registration District No. 2001City Jeffersonville, Mo.No. 434 17 months

2. FULL NAME

(a) Residence (Usual place of abode) 677 W. Nichols St. Ward. File No.
Registered No. 646 St. Ward) Length of residence in city or town where death occurred 30 yrs. 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James H. Delaney6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24 - 18967. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 38 11 58. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lawyer10. 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) MO13. NAME William W. Missick14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO15. MAIDEN NAME Sarah A. Briston16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO17. INFORMATION (ADDRESS) Mrs Sarah Briston18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Dec 1 193519. UNDERTAKER (ADDRESS) Ray W. Ford20. FILED 12 1 1935 R. W. Kingdon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29 193522. I HEREBY CERTIFY, That I attended deceased from 11/21 1935, to 11/29 1935I last saw him alive on 12/29 1935. Death is said to have occurred on the date stated above, at 2 P. m.

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

Bilateral Renal Calculi Date of onsetPyo-nephrosisOther contributory causes of importance: Pulmonary TuberculosisName of operation Date of What test confirmed diagnosis? Cystoscopy 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? If so, specify (Signed) R. Med White, M. D.(Address) 222 1/2 E. Commercial

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.

