

JAN 23 1936

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

Do not use this space.

39580

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township 2nd Primary Registration District No. 1002  
City St. Joe, Mo. (No. General Hosp. #2) Registered No. 12-10-35  
St. 9th Ward

2. FULL NAME

(a) Residence, No. 912 Valentine Rd. (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 <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-12-1890</u>		
7. AGE	YEARS	MONTHS
<u>45</u>	<u>2</u>	<u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Houseman</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
<u>—</u>		<u>—</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
13. NAME <u>unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT (ADDRESS) <u>Record Clerk, General Hospital #2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Hill</u> DATE <u>Dec 13 35</u>		
19. UNDERTAKER (ADDRESS) <u>Wagner Funeral Home, 204 2nd Street</u>		
20. FILED <u>Nov 12 1935</u> M. M. Corow Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-10-1935

22. I HEREBY CERTIFY, That I attended deceased from 12-1-35 to 12-10-35  
I last saw him alive on 12-10-1935 Death is said to have occurred on the date stated above, at 4:45 P.M.  
The principal cause of death and related causes of importance were as follows:  
Hypertensive type Heart Disease  
decompensation  
Other contributory causes of importance:  
—  
Name of operation — Date of —  
What test or method diagnosed — 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 —, 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) — M. D.  
(Address) General Hosp. #2

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.

