

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.

JAN 18 1935

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

Do not use this space.

39901

1. PLACE OF DEATH

County Jackson
Township Passaic
City Little Blue (No. 7-10 North)

Registration District No. 400
Primary Registration District No. 5553B

File No. _____
Registered No. 233
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Jackson County Home St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan-24-1847</u>		
7. AGE	YEARS	MONTHS
	<u>88</u>	<u>10</u>
		DAYS
		<u>24</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	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) <u>Texas</u>		
MOTHER	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 <u>Ernest Jackson</u> (ADDRESS) <u>Jackson County Home</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>116 Lakewood Cemetery</u> DATE <u>Dec 18, 1935</u>		
19. UNDERTAKER <u>Keller</u> (ADDRESS) _____		
20. FILED <u>Dec. 30, 1935</u> <u>William T. Fields</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1935, to 12-18, 1935

I last saw him alive on 12-16, 1935 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Date of onset _____

Other contributory causes of importance: 102

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 _____, 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) J. H. Geese, M. D.
(Address) Independence, Mo

