

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.

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

Do not use this space.

FEB 20 1936

1443

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Stear Primary Registration District No. 1002
City James City (No. 2 Gen. 1002) St. _____ Ward _____

File No. _____
Registered No. 296
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 504 W. 18th 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 Myrtle Looman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3 - 1864
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 71 6 14
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoeman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) Hert Vig13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Reed Clark Gen Hopkins (ADDRESS) _____18. BURIAL, CREMATION, OR REMOVAL PLACE Shel Hall Cem DATE Jan 21 193619. UNDERTAKER A. P. Overton (ADDRESS) 1415 2nd St20. FILED 1-20- 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17 1936

22. I HEREBY CERTIFY That I attended deceased from about Jan 1, 1936, to Jan 17, 1936
I last saw him live on Jan 17, 1936 Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

Bronchial asthma; Date of onset _____
Chronic Bronchitis

Other contributory causes of importance:

Cardiac failure

Name of operation _____ Date of _____
What test confirmed diagnosis? 106 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? _____
If so, specify _____
(Signed) J. H. Jones M. D.
(Address) St. J. C. Gen. Hosp. KC Mo

