

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

Do not use this space.

1685

## 1. PLACE OF DEATH

County Jackson  
Township Prarie  
City Full Home (No. 1)

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

File No. 1685  
Registered No. 18  
St. Full Home Ward 1

## 2. FULL NAME

(a) Residence, No. Frank Dawson St. Full Home Ward 1

(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

## MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

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

Dec 2 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 1 24

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

none

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)

Unknown

13. NAME

Unknown

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

Unknown

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

Ernest Jackson

18. BURIAL, CREMATION, OR REMOVAL

Unknown Co. DATE Jan 27, 1936

19. UNDERTAKER (ADDRESS)

W. C. Green

20. FILED

Feb 4, 1936 William T. Fields  
Registrar

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

Jan 27, 1936

22. I HEREBY CERTIFY, that I attended deceased from 1-1, 1936, to 1-27, 1936

I last saw him alive on 1-25, 1936 Death is said

to have occurred on the date stated above, at 79 m.

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

chronic myocarditis

Date of onset

Other contributory causes of importance

Name of operation

What test confirmed diagnosis chronic 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) Dr. Green, M. D.

(Address) Full Home

