

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.

0840

APR 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County Chester

Registration District No. 85

Township St. Joseph Mo

Primary Registration District No. 1001

City St. Joseph Mo

(No. State Hospital #2)

File No. 9337

Registered No. 340

St. Ward

2. FULL NAME

(a) Residence, No. 4818 E 8th St. N. C. Mo.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

March 1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

81

0

0

OCCUPATION

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

Lumberman

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)

Unknown

FATHER

13. NAME

Unknown

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

Unknown

MOTHER

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

State Hosp Records
St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Joseph Mo DATE March 6, 1936

19. UNDERTAKER (ADDRESS)

W. C. Blackman & Son
St. Joseph Mo

20. FILED

3-5 1936 John A. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

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

March 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Feb 21, 1936 to March 4, 1936

I last saw him alive on March 4, 1936 Death is said

to have occurred on the date stated above, at 11:15 P. M.

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

Chronic Myocarditis

Date of onset 2-21-36

plus

93c

Other contributory causes of importance:

Senility

2-21-36

plus

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

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)

(Address)

Edgell Long

State Hosp #2

M. D.

