

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.

APR 15 1936

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

Do not use this space.

9417

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph Mo (No. 940)

Ward M. E. Hoop

File No.

Registered No. 423

St. _____ Ward

2. FULL NAME

(a) Residence, No. Kingclay Mo. 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. 5 weeks

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 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) Jan 18 - 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
16 - 1 28

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.
10. Date deceased last worked at this occupation (month and year) 11 of 13 - 1936 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Mo

MOTHER FATHER
13. NAME Ben Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo

15. MAIDEN NAME Emmie Gardner

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

17. INFORMANT (ADDRESS) Gertrude Brown

18. BURIAL, CREMATION, OR REMOVAL PLACE Kingclay DATE 23 - 19 36

19. UNDERTAKER (ADDRESS) H. G. Gagnier

20. FILED 3-18-36 Registrar John H. Bender

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1936, to Mar 17, 1936

I last saw him alive Mar 17 1936 Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Acute Septic Myocarditis
pericarditis with effusion
MI

Other contributory causes of importance:
Perforated appendix Feb 4
with abscess

Name of operation amputation Date of Feb 15
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) A. J. Gerard, M. D.

(Address) St. Joseph Mo

10-3-1919

10-3-1919

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