WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

9487

1. PLACE OF DEATH

County Buchanan — Registration District No. 86 — File No.

Township Washington — Primary Registration District No. 5127 — Registered No. 27

City (No. Transient Camp, Water Works Road. Ward)

2. FULL NAME Robert Day

(a) Residence, No. Transient Camp Water Works Road. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred - yrs. 3 mos. 15 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 1, 1880.

7. AGE: YEARS 55 — MONTHS 4 — DAYS 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) St. Joseph Missouri

FATHER

13. NAME Louis Day
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

MOTHER

15. MAIDEN NAME Anna Newman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sterling Illinois

17. INFORMANT (ADDRESS) Mrs. Ida Reisch 135 North 27th, Lincoln, Nebraska

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph, Mo. DATE April 1 1936. Ashland Cemetery

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union Str. St. Joseph Mo.

20. FILED March 31 1936 B. H. Tadlock M. D. M. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1936

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased ~~from~~ on March 29, 1936, to autopsied, 19....

I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at 1:40A m.

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

Chronic Myocarditis — Date of onset

93 C

Other contributory causes of importance:

Arteria Sclerosis

Name of operation none — Date of

What test confirmed diagnosis? Autopsy — 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?

If so, specify

(Signed) Forrest Thomas Coroner, M. D.

(Address) 731 Faraon