

APR 8 1936 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

10599

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Green Primary Registration District No. 1002  
City Kennett (No. 200) (City or town) Ward

File No. ....  
Registered No. 1002 .....  
St. .... Ward

2. FULL NAME

(a) Residence, No. 4416 Garfield St. Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

|  |  |  |
|--|--|--|
| 3. SEX<br><u>male</u>  | 4. COLOR OR RACE<br><u>white</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word)<br><u>widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF |  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 24 1867</u>   |  |  |
| 7. AGE   | YEARS<br><u>68</u>   | MONTHS<br><u>6</u>   |
|  | DAYS<br><u>14</u>  | If LESS than 1 day, ..... hrs. or ..... min.                               |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>machinist</u> |  |
|  | 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                            |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-2, 1936 to 3-8, 1936

I last saw him alive on 3-8, 1936 Death is said to have occurred on the date stated above, at 5:25 AM

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

Hypertrophy and dilatation of Heart; Chronic nephritis;

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Other contributory causes of importance:  
confluent bronchio-pneumonia

Date of onset

|  |  |
|--|--|
| FATHER   | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u> |
|  | 13. NAME <u>Henry Wilson</u>                                     |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u> |
| MOTHER   | 15. MAIDEN NAME <u>Sarah Smith</u>                               |
|  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u> |
| 17. INFORMANT <u>Peora Clark</u>   |  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mem Park K.C.K.</u> DATE <u>3-10</u> , 19 <u>36</u> |  |
| 19. UNDERTAKER <u>Eado Bros</u> (ADDRESS) <u>146 Main St. K.C.</u>                             |  |
| 20. FILED <u>New 9</u> , 19 <u>36</u> M. M. Cronan Registrar.                                  |  |

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? .....  
If so, specify .....

(Signed) J. H. [Signature] M. D.  
(Address) 200 [Address]

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.

WHITE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

