

APR 23 1936

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

Do not use this space.

10937

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township LawPrimary Registration District No. 1002City Manchester(No. 2517 Forest)

File No. _____

Registered No. 10937

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2517 Forest 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

W.C.

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

married

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

Vera Sweet

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

April 7-1904

7. AGE

YEARS 31MONTHS 11DAYS 17

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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

SalesmanAdv. Co

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

Ohio

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

Vera Sweet2517 Forest

18. BURIAL, CREMATION, OR REBURY

Local City LawPLACE _____ DATE Mar 25 1936

19. UNDERTAKER

Keplar Funeral Home472 E. 1st St. No. 1

20. FILED

Mar 24 1936 M. M. Brown

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24 193622. I HEREBY CERTIFY, That I attended deceased from March 16 1936, to March 23 1936I last saw him alive on March 23 1936 Death is said to have occurred on the date stated above, at 12:29 m.The principal cause of death and related causes of importance were as follows: Acute softening of the brain Penicillin (Toxin)

Date of onset

Other contributory causes of importance: _____

Name of operation None Date of _____What test confirmed diagnosis? Chin 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?

If so, specify _____

(Signed) D. B. C. Boying Jr.(Address) 4343 Michigan Ave. Chicago Ill.

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.

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