

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.

MAY 18 1936

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

Do not use this space.

14098

1. PLACE OF DEATH

County Buchanan
Township St. Joseph
City St. Joseph (No. 1324 Francis)

Registration District No. 1001
Primary Registration District No. _____

File No. _____
Registered No. 494 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1324 Francis St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1874

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1936, to _____, 19____

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. about 65 0 0 0

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:30 p. m.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Day
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No special work
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

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

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

Other contributory causes of importance no cause
Name of operation none Date of _____
What test confirmed diagnosis? Cl. Hist. Was there an autopsy? no

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Neighbors & friends near (ADDRESS) 1324 Francis

18. BURIAL, CREMATION, OR REMOVAL Cath. Cem. #173 DATE 4-6 1936

19. UNDERTAKER Barry Hyble (ADDRESS) 218 So 10

20. FILED 4-6 1936 John R. Boucher Registrar

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) Jarvis Thomas Coroner, M. D.
(Address) 731 Jarsons

