

0888 MAY 18 1936

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

14180

## 1. PLACE OF DEATH

County BuchananRegistration District No. 85Township St JosephPrimary Registration District No. 1001City St Joseph(No. State Hosp #2)File No. 579Registered No. 579St. Ward

## 2. FULL NAME

(a) Residence, No. St JosephSt. Ward

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 8 mos. 9 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)

Widowed

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

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

Unknown

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

67+Unknown

## OCCUPATION

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

Brick Mason

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)

Illinois

## MOTHER FATHER

## 13. NAME

Unknown

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

Illinois

## 15. MAIDEN NAME

Unknown

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

Missouri

## 17. INFORMANT (ADDRESS)

Records - State Hosp #2

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Crematory4/17

## 19. UNDERTAKER (ADDRESS)

St Joseph

## 20. FILED

4-181936John R. Bender

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-15, 193622. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1935, to 4-15, 1936I last saw him alive on 4-14, 1936 Death is said to have occurred on the date stated above, at 4 PM m.

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

Gangrene of Left forearm and Left leg  
Caused by gas gangrene

Other contributory causes of importance:

Chronic Myocarditis with Hypertension  
General ArteriosclerosisName of operation Amputation Arm & Leg Date of 4-7-36What test confirmed diagnosis X-ray + Lab 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? No

If so, specify

(Signed) P. C. DeLong, M. D.(Address) State Hospital #2

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.

