

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

Do not use this space.

15348

20065

MAY 19 1936

**1. PLACE OF DEATH**

County Jackson  
Township Jew  
City J.E.Wo.

Registration District No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_  
(No. 3/100, Euclid)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. M. J. Noah \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) Chellecoth, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Ma</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 61 yrs</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>about 61 yrs</u>			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer.</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) Apr 18<sup>th</sup> 1936

22. I HEREBY CERTIFY, that I attended deceased from Apr 7<sup>th</sup> 1936 to Apr 18<sup>th</sup> 1936  
I last saw him alive on Apr 18<sup>th</sup> 1936 Death is said to have occurred on the date stated above, at 8:10 p.m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage  
Date of onset 4/18/36

Other contributory causes of importance:  
Obstructed teeth

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Data</u>
	13. NAME <u>No Data</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
17. INFORMANT <u>Simpson, Majors.</u> (ADDRESS) <u>3/100 Euclid</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chellecoth, Mo.</u> DATE <u>4/18/36</u>	
19. UNDERTAKER <u>W. J. Mayberry</u> (ADDRESS) <u>City</u>	
20. FILED <u>4-18-36</u> <u>M. M. Crow, Asst Registrar.</u>	

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) Hanna S. Majors, M. D.  
(Address) 3/100 Euclid, Jew  
Kansas City, Mo

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.

