

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

MAY 19 1936

15385

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KeokukPrimary Registration District No. 1002City Keokuk (No. K C Gen Hosp)File No. 2105Registered No. 2105

St. _____ Ward _____

2. FULL NAME

(a) Residence (No. 1024 Jefferson) 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 M4. COLOR OR RACE W.5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

7. AGE

YEARS 78

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

OCCUPATION

8. Trade, profession, or particular kind of work done, as splanner, 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.....

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

13. NAME Wm Judd14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk15. MAIDEN NAME Elyza Sutherland16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk17. INFORMANT (ADDRESS) Mrs James E Judd, 1024 Jefferson

18. BURIAL, CREMATION, OR REMOVAL

PLACE Staplesbury Mt DATE 4-22 193619. UNDERTAKER (ADDRESS) Jurek & Tobin, 75 C. M.20. FILED Apr 21, 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-20 193622. I HEREBY CERTIFY, That I attended deceased from 4-14 1936 to 4-20 1936I last saw him alive on 4-17 1936. Death is said to have occurred on the date stated above, at 1:55 PM

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

Semilety with Chronic Myocarditis and Nephritis, Chr.

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) J. J. Judd M. D.(Address) St. K C Gen Hosp

