

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.

JUN 17 1936

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. 2217 North 3rd.)

File No. 18661
Registered No. 750
St. _____ Ward _____

2. FULL NAME Van Durham Justus

(a) Residence, No. 2217 North 3rd. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1904.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
32 0 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Atkinson Paving Co.
10. Date deceased last worked at this occupation (month and year) May 1936. 11. Total time (years) spent in this occupation? _____

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

FATHER 13. NAME Bently Justus

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

MOTHER 15. MAIDEN NAME Vida Smith

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

17. INFORMANT Mrs. Myrtle Justus
(ADDRESS) 2217 No. 3rd. Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cem
PLACE St. Joseph, Mo. DATE May 30, 1936

19. UNDERTAKER H. O. Sidenfaden
(ADDRESS) 802 Union Str. St. Joseph, Mo.

20. FILED May 29, 1936 A. J. Nestlebusch
Registry

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1936

22. I HEREBY CERTIFY, That I viewed an attended deceased from May 27, 1936, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:00 P.M.

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

Carbon monoxide (Black Death) (Date of onset _____)
Poisoning (accidental)

Other contributory causes of importance: Boy fell in cellars & he went in to rescue him & was overcome by gas

Name of operation _____ Date of _____
What test confirmed diagnosis? Physician's Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 5/27, 1936

Where did injury occur? St. Joseph
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury that in endeavor to rescue boy
Nature of injury Carbon monoxide (Poisoning)

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Forrest Thomas Cooney, M. D.
(Address) 131 Jackson

