

JUN 23 1936

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

Do not use this space.

19302

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Blue Primary Registration District No. 3019
City Independence Indep. Sanitarium St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Blue Springs, Mo. St. _____ Ward. Elsterry, Mo.
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26-1905
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 30 11 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Black
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel
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 COUNTY) Elsterry, Mo.

13. NAME George J. Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elsterry, Mo.

15. MAIDEN NAME Bertrude Fleener

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elsterry, Mo.

17. INFORMANT (ADDRESS) J. W. Fleener
Blue Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____
Elsterry, Mo.

19. UNDERTAKER (ADDRESS) George C. Carson
Indep., Mo.

20. FILED 5-9-1936 F. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1936, to May 1, 1936
I last saw him alive on May 1, 1936 Death is said to have occurred on the date stated above, at 2:15 p.m.

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

Pneumonia Broncho Date of onset 4-28-36

Other contributory causes of importance:

Mildulent fever 1 yr

Name of operation _____ Date of _____

What test confirmed diagnosis Chemical & hist. 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 Not that I know

(Signed) C. H. Allen, M. D.

(Address) Independence, 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

