

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.

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

Do not use this space.

AUG 15 1936

25533

1. PLACE OF DEATH

County St. Louis  
Township St. Joseph  
City St. Joseph (No. 2nd St. West Hosp.)

Registration District No. 85  
Primary Registration District No. 1001

File No. ....  
Registered No. 891  
St. .... (Ward)

2. FULL NAME

(a) Residence, No. Union St. No. 100 v. St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Sophronia Jane</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 1 1858</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>8</u>	DAYS <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Former</u>		If LESS than 1 day, ..... hrs. or ..... min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>		11. Total time (years) spent in this occupation. <u>1 year</u>
10. Date deceased last worked at this occupation (month and year) <u>1936</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>		
FATHER	13. NAME <u>Not known</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>	
MOTHER	15. MAIDEN NAME <u>Jessie Campbell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>	
17. INFORMANT <u>Wm. G. Loggott</u> (Address) <u>1234 1/2 N. 1st St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union St. No. 100</u> DATE <u>July 7 36</u>		
19. UNDERTAKER <u>St. Joseph Home</u> (Address) <u>St. Joseph</u>		
20. FILED <u>July 6 1936</u> <u>W. J. Kellum</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to July 4, 1936.  
I last saw him live on July 4, 1936 Death is said to have occurred on the date stated above, at 6 P. m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral thrombosis acute dilatation heart failure  
Date of onset July

Other contributory causes of importance:  
Chronic nephritis, Prostatic obstruction.

Name of operation Resection tonsils Date of July 3  
What test confirmed diagnosis? Mi. Was there an autopsy? Yes

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) H. S. Sarnal, M. D.  
(Address) St. Joseph Mo.

