

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

Do not use this space.

AUG 15 1936

25629

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township Washington Primary Registration District No. 1001
 City St. Joseph (No. St. Joseph's Hospital) St. _____ Ward _____

2. FULL NAME Edward Poynter

(a) Residence, No. 111 North 2nd St., _____ Ward. _____
 (Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Union Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1870.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 - - -

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

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Transient Bureau Records (ADDRESS) 112 North 2nd, St. Joseph

18. BURIAL, CREMATION, OR REMOVAL City Cemetery PLACE St. Joseph, Mo. DATE July 27 36

19. UNDERTAKER H.O. Sidenfaden (ADDRESS) 1802 Union St. St. Joseph, Mo.

20. FILED July 27 36 A.J. Nestlerode Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1936 to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:30 P.m.

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

Coronary Occlusion Date of onset _____
Arterio Sclerosis
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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.

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Jornah Thomas Coroner, M. D.
 (Address) 731 Yaron

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.

