

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

Do not use this space.

AUG 31 1936

29639

1. PLACE OF DEATH

County *Werson*
Township *Washington*
City (No.) St. Ward

Registration District No. *875*
Primary Registration District No. *6162*

File No.
Registered No. *201*

2. FULL NAME

(a) Residence, No. *St. Joseph Hospital #3* St. Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. *1* mos. *2* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *wid.*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 17*, 19*36*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *not known*

22. I HEREBY CERTIFY That I attended deceased from *June 15*, 19*36* to *July 17*, 19*36*
I last saw him alive on *June 15*, 19*36*. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 7, 1849*

to have occurred on the date stated above, at *10:30* p. m.

7. AGE YEARS *87* MONTHS *1* DAYS *10* If LESS than 1 day, hrs. min.

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

Arteriosclerosis Date of onset *7*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *farmer*
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

99
Other contributory causes of importance: *Heat exhaustion* *1 wk.*

12. BIRTHPLACE (CITY OR TOWN) *St. Clair Co. Mo.* (STATE OR COUNTRY)

Name of operation *none* Date of

MOTHER 13. NAME *James Burke*

What test confirmed diagnosis? *Clinical* Was there an autopsy? *no*

FATHER 14. BIRTHPLACE (CITY OR TOWN) *Boone Co. Mo.* (STATE OR COUNTRY)

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)

MOTHER 15. MAIDEN NAME *Jub A. Robinson*

Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) *Mo.* (STATE OR COUNTRY)

Manner of injury

17. INFORMANT *H. J. Homes, Rocheville, Mo.* (ADDRESS)

Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE *Harmony* DATE *July 19*, 19*36*

24. Was disease or injury in any way related to occupation of deceased? *no*

19. UNDERTAKER *James Lee* (ADDRESS) *2000 S. 1st St. St. Joseph, Mo.*

If so, specify

20. FILED *7-17*, 19*36* *M. C. Cichinger* Registrar.

(Signed) *J. J. O'Dell* M. D.

(Address) *St. Joseph, 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.

