

SEP 18 1936

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

29917

## 1. PLACE OF DEATH

County Buchanan  
 Township Washington  
 City St. Joseph, Mo.

Registration District No. 85Primary Registration District No. 1001File No. 1020Registered No. 1020St. 5

Ward

## 2. FULL NAME

(a) Residence, No. Myrtown Station R.R. Route 5

(Usual place of abode)

Ward

Length of residence in city or town where death occurred 15 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)

Sept. 2, 1913

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

22115

## 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.

10. Date deceased last worked at this occupation (month and year) 9-31

## 11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Carytown Iowa

## FATHER

## 13. NAME

William Allen

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

Washington Kentucky

## MOTHER

## 15. MAIDEN NAME

Jennie Brinker

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

Unknown Iowa

## 17. INFORMANT (ADDRESS)

State Hosp. #2 St. Joseph, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Auburn cemetery

DATE

August 10, 1936

## 19. UNDERTAKER (ADDRESS)

F.P. Sidenfaden Funeral Home 602 South 10th Street

## 20. FILED

Aug 8, 1936 St. Joseph, Mo. Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Aug 7, 1936

## 22. I HEREBY CERTIFY, That I attended deceased from

July 18, 1931, to Aug 7, 1936I last saw him alive on Aug 7, 1936 Death is saidto have occurred on the date stated above, at 2:45 a.m.

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

Bronchiopneumonia

Date of onset

Other contributory causes of importance:

Epilepsy

Name of operation

Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? no

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 1936

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) Dr. B. E. Miller M.D.(Address) State Hosp. #2 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.

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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