

OCT 20 1936

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township St Joseph
City St Joseph (No. Mo. Meth Hosp.)

Registration District No. 85
Primary Registration District No. 1001

File No. 33727
Registered No. 1196
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____
(Usual place of abode) _____ Ward. _____

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. Jamesport Mo.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15 - 1860

7. AGE YEARS 75 MONTHS 9 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farming

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 _____

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

13. NAME Berjamin Confield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. Power

15. MAIDEN NAME Ann M. Gallin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. Power

17. INFORMANT May Williamson
(ADDRESS) 126

18. BURIAL, CREMATION, OR REMOVAL Jamesport Mo.
PLACE Marion Cem. DATE Sept 22 1936

19. UNDERTAKER Orvis Travers
(ADDRESS) Jamesport Mo.

20. FILED Sept 20 1936 A. J. Kestelak
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-19-, 1936, to 9-20-, 1936

I last saw h. e. alive on 9-20-, 1936 Death is said

to have occurred on the date stated above, at 9:15 a.m.

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

Intestinal obstruction Date of onset 9-14-36

Other contributory causes of importance:

Large gall stone in intestine that had ruptured thru from Gall Bladder.

Name of operation none Date of _____

What test confirmed diagnosis? Post 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) Paul Gonsow, 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.

