

OCT 15 1936

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

Do not use this space.

34397

1. PLACE OF DEATH

County JohnsonRegistration District No. 399

File No.

Township ManlyPrimary Registration District No. 1902Registered No. 34397City Manly (No. 10)St. General Hospital Ward

2. FULL NAME

(a) Residence, No. 1221 Olive St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? 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 <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>June 3 1871</u> <u>June 3 1871</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
	<u>65</u>	<u>3</u>
		DAYS
		<u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<u>Laborer</u>		
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)		

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Illinois</u>
	13. NAME	<u>Edward Charles</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Illinois</u>
	15. MAIDEN NAME	<u>Ann Green</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Illinois</u>
	17. INFORMANT (ADDRESS)	<u>Recard Bush</u> <u>K. E. General Hospital</u>
FATHER	18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Elmwood Cemetery</u> DATE <u>9/10</u> 19 <u>36</u>
	19. UNDERTAKER (ADDRESS)	<u>Reid + Son</u>
	20. FILED	<u>Sept 8 1936</u> M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>9-5-1936</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>8-18-36</u> , 19 <u>36</u> , to <u>9-5-36</u> , 19 <u>36</u>	
I last saw <u>him</u> alive on <u>9-5-36</u> , 19 <u>36</u> . Death is said to have occurred on the date stated above, at <u>5:30 p.m.</u>	
The principal cause of death and related causes of importance were as follows:	<u>Carcinoma of Esophagus with metastasis to left Adrenal and Liver</u>
Other contributory causes of importance:	<u>46</u>
Name of operation	Date of
What test confirmed diagnosis?	Was there an autopsy? <u>Yes</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?	Date of injury, 19 <u>36</u>
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?	
If so, specify	
(Signed) <u>P. F. De Marsen</u> M. D.	
(Address) <u>Dist. Supt. K. E. General Hospital</u>	

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.

RECORD

