

DEC 3 1936

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

Do not use this space.

38139

1. PLACE OF DEATH

County JohnsonRegistration District No. 431

Township

Primary Registration District No. 3023City Warrensburg (No. _____) St. _____

File No. _____

Registered No. 130 Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Dow5. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1 - 18717. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 65 11 298. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Contractor9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Builder

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) Lexington Ky13. NAME Wm Dow14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland15. MAIDEN NAME Susie Preakinridge16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington17. INFORMANT (ADDRESS) Mrs. S. E. Spright18. BURIAL, CREMATION, OR REMOVAL PLACE Susie Hill DATE Oct 11 - 193619. UNDERTAKER (ADDRESS) Sweeney Phillips20. FILED Oct 11 - 1936 Eva Bentz Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8 - 193622. I HEREBY CERTIFY, That I attended deceased from Feb 1, 193, to Oct 8, 1936
I last saw him alive on Oct 8, 1936 Death is saidto have occurred on the date stated above, at 9:25 A. m.

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

aneurysm of
abdominal aorta

Date of onset

Other contributory causes of importance: ALOName of operation none Date of _____What test confirmed diagnosis? X Ray Was there an autopsy? no23. 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) Wm A. Powers M. D.(Address) Warrensburg

