

DEC 20 1936

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

Do not use this space.

44762

1. PLACE OF DEATH

County JacksonRegistration District No. 309Township FranklinPrimary Registration District No. 1002City Kennett(No. Memorial Hosp.)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 205 E 66th St., _____ Ward.Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? 5 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18 18617. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 75 3 238. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Dealer

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) Austria13. NAME Isaac Field14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria15. MAIDEN NAME Port Knorr16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria17. INFORMANT Milton V. Field (ADDRESS) 444 or 60th Terrace18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE Dec. 14 193619. UNDERTAKER Carole H. Hadden (ADDRESS) 3024 Trenton20. FILED 12-11 1936 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11 193622. I HEREBY CERTIFY, That I attended deceased from Feb 1934, 1934, to Dec 11, 1936I last saw him alive on Dec 11, 1936. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Cerebral Hemorrhage Date of onset _____

Other contributory causes of importance:

Hypertension
Diabetes MellitusName of operation none Date of _____What test confirmed diagnosis? Chrom Was there an autopsy? _____

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

Accident, suicide, or homicide? _____ Date of injury _____, 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) O. G. Smith, M.D.(Address) 1400 Park Bldg

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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.

