

APR 8 1937

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

Do not use this space.

1. PLACE OF DEATH

County Johnson  
Township Law  
City R. E. Mo.

Registration District No. 899  
Primary Registration District No. 1002  
(No. 2411 E. 13th St.)

File No. 9829  
Registered No. 3523  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 2411 E. 13th St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5, 1879

7. AGE YEARS 57 MONTHS 3 DAYS 25 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Congall Missouri

13. NAME John Schuster

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

15. MAIDEN NAME Amanda Altman

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

17. INFORMANT (ADDRESS) Thomas Jones 2411 E. 13th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kingsport, Mo. DATE April 1, 1937

19. UNDERTAKER (ADDRESS) Wm. H. Anderson 2129 E. 13th St.

20. FILED 3-31, 1937 M. M. Crowe, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/30/37, 1937

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 1937

I last saw him/her live on 4/3/37 Death is said to have occurred on the date stated above, at \_\_\_\_\_

The principal cause of death and related causes of importance were as follows: hypertension of kidney (malig)

53

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of operation \_\_\_\_\_

What test confirmed diagnosis? W. H. P. 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 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industrial, 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) [Signature], M. D.

(Address) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

*Julius & Co*  
1877