

APR 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Lascaade
Township Roark
City (No. _____) _____

Registration District No. 303
Primary Registration District No. 5420

File No. 11848
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1348 St. _____ Ward Kirkwood mo
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Viola Johnson

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

May 5-1896

7. AGE

YEARS 40MONTHS 11DAYS 5

If LESS than 1 day, _____ hrs. or _____ min.

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

Painter

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)

Illinois

13. NAME

Thos. Johnson

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

Muskogee

15. MAIDEN NAME

Mary Shumb

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

Illinois

17. INFORMANT (ADDRESS)

L. H. Bopp Kirkwood, mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Kirkwood, mo DATE 4/10 1937

19. UNDERTAKER (ADDRESS)

Hugot, Blumek Hesperian mo

20. FILED

4-10 1937Heena C. Riehl
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 10 1937

22. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Date of onset

Came to his death by accidental means by train severing his body

Other contributory causes of importance:

Verdict of coroner's jury

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (injury), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? 2071 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 4Nature of injury 4

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. A. Bunge, M. D.(Address) Bland mo coroner

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.

APR 1 1946

OFFICE OF THE ATTORNEY GENERAL
STATE OF NEW YORK

IN SENATE

APRIL 1, 1946

REPORT OF THE COMMISSIONERS OF THE STATE DEPARTMENT OF SOCIAL SERVICES
ON THE PROGRESS MADE IN THE ADMINISTRATION OF THE
STATE DEPARTMENT OF SOCIAL SERVICES DURING THE YEAR 1945

ALBANY: THE STATE PRINTING OFFICE, 1946

COMMISSIONERS OF THE STATE DEPARTMENT OF SOCIAL SERVICES
ALBANY, NEW YORK

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ALBANY, NEW YORK