

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

Do not use this space.

MAY 19 1937

16060

47

File No.
Registered No.
St. 3rd Ward)

1. PLACE OF DEATH
 24 County Clay Registration District No. 198
 2 Township Fishing River Primary Registration District No. 3011
 4 City Excelsior Springs, Mo. (No. St. 3rd Ward)

2. FULL NAME ST. JOHN, Stuart
 (a) Residence, No. 523 Grand Helping Hand St., Ward.
 (Usual place of abode) Kansas City, Missouri (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 0 yrs. 1 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1937 19

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1937, 19, to April 3, 1937, 19.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-23-1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 2 10

I last saw him alive on April 3, 1937, 19. Death is said to have occurred on the date stated above, at 10:40 m. P.M.

The principal cause of death and related causes of importance were as follows:
Tuberculosis, pulmonary, chronic,
Active, advanced, severe. Date of onset

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining work
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
 10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER
 13. NAME Houston St. John

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? No

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury, 19

MOTHER
 15. MAIDEN NAME Shirley Nichols

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

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

Manner of injury
 Nature of injury

17. INFORMANT Hospital Records
 (ADDRESS)

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

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery Ft. Leavenworth, Ks. DATE 4-8-37

19. UNDERTAKER John C. Prather
 (ADDRESS) Excelsior Springs, Mo.

(Signed) C. HARDEGREE, M.D., Clinical Director
 (Address) Veterans Administration Facility
Excelsior Springs, Missouri

20. FILED 4-8-37 19 Lorena Mc Cracken
 Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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