

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

Do not use this space.

MAY 21 1937

16606

1. PLACE OF DEATH

County Jackson
Township Prarie
City

Registration District No. 400
Primary Registration District No. 5553B
(No. Jackson County Home)

File No.
Registered No. 80
St. Ward)

2. FULL NAME

John Roe
(a) Residence No. Jackson County Home 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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-21-1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 6 23

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Ernest Jackson (ADDRESS) County Home

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City DATE April 16 37

19. UNDERTAKER Mr C J Forster (ADDRESS) 912 Broadway

20. FILED 4-16-37 William J Fields Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-10, 1937, to 4-14, 1937. I last saw him alive on 4-12, 1937. Death is said to have occurred on the date stated above, at 9:4 a.m.

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

mitral regurgitation

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis: clinical Was there an autopsy? no

23. 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) J R Green, M. D.
(Address) Independence

no

This certificate is a public document and its contents may be properly classified. Exact statement of OCCUPATION is very important.

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