

JUL 10 1937

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

Do not use this space.

22699

1. PLACE OF DEATH

County Jackson
Township Jackson
City Independence (No. 7 C Gen Hosp)

Registration District No. 399
Primary Registration District No. 1002

File No. 25451
Registered No. 25451
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Jackson Co. Home Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 67

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

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) unknown

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 Recd Clerk. R.C. 571. (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Reeds Mo DATE June-9-37

19. UNDERTAKER Quirk & Son (ADDRESS) 20. St. Francis R.C. Mo

20. FILED 7/8 37m. McEnroe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-4 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-1 1937 to 6-4 1937

I last saw him alive on 6-4 1937. Death is said

to have occurred on the date stated above, at 3:15 am

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

Chronic Myocarditis
Hydropneumothorax and
Hydropneumothorax
(left)

Other contributory causes of importance: 930
Bilateral Broncho-
pneumonia

Name of operation _____ Date of _____

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

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? _____

If so, specify _____

(Signed) P. F. De Maria, M. D.

(Address) St. J. C. Gen Hosp

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.

