

JUL 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County Beechman Registration District No. 35
Township St. Joseph Primary Registration District No. 35
City St. Joseph (No. 2121 Washington) File No. 23189
Registered No. 674 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2121 Washington Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 6 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10 1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
54 3 0

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) June 9 1937 11. Total time (years) spent in this occupation 4 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beechman Co Mo.

13. NAME James C Palmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know Mo.

15. MAIDEN NAME Sarah A Bennett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know Mo.

17. INFORMANT Mrs Mamie Palmer (ADDRESS) St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Can DATE 6-13-37

19. UNDERTAKER Stamper Funeral Home (ADDRESS) St. Joseph Mo.

20. FILED 6/11 1937 St. Joseph Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 6-10, 1937, to _____, 19____.

I last saw him 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:

acute indigestion
Following a heavy
meal Date of onset 6/10 '37

Other contributory causes of importance: 118C

Name of operation _____ Date of _____

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (accident, suicide, or homicide), 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 47

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify B.W. Tadlock - Coroner, M. D. (Signed) Henry Hill Bldg. (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.

