

AUG. 19 1937

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

Do not use this space.

26696,

## 1. PLACE OF DEATH

County DouglasRegistration District No. 85Township St. Joseph MoPrimary Registration District No. 1001City St. Joseph Mo (No. State Hosp # 2)File No. 784Registered No. 784

## 2. FULL NAME

(a) Residence, No. Plattaburg St. Clinton Co Mo Ward. Clinton Co Mo  
(Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred - yrs. - mos. 9 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)

Single

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

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

1863?

## 7. AGE

67 YEARS

## MONTHS

## DAYS

IF LESS than 1 day, .....hrs. or .....min.

## OCCUPATION

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

Farmer

## 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)

## 15. MAIDEN NAME

Unknown

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

## 17. INFORMANT (ADDRESS)

State Hosp # 2

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Plattaburg Mo DATE July 11, 1937

## 19. UNDERTAKER (ADDRESS)

Obituary Dept  
Plattaburg Mo

## 20. FILED

July 10, 1937Registrar. H. J. Mattheis

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 193722. I HEREBY CERTIFY, that I attended deceased from July 1, 1937 to July 10, 1937I last saw him alive on July 10, 1937 Death is said to have occurred on the date stated above, at 10:00 A.M.

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

Pyelonephritis

Date of onset

?

Other contributory causes of importance:

Cardiovascular Renal Disease ?Name of operation None Date ofWhat test confirmed diagnosis? Autopsy 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? No

If so, specify

(Signed) E. C. DeLong M.D. M. D.(Address) State Hosp # 2

WHITE PLAINLY WITH UNFADING INK--THIS IS A PENNY PLAINLY

1 X7294

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.

