

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

Do not use this space.

NOV 18 1937

1. PLACE OF DEATH

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

Registration District No. 391
Primary Registration District No. 1002

File No. 36547
Registered No. 3500
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 9 1/2 E. 5th St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 25 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

3. SEX m. 4. COLOR OR RACE w. 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) June 26 1874

7. AGE YEARS 63 MONTHS 3 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

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) Mo

13. NAME Charles Oliver

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Record Clerk KC Gen Hosp (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hill DATE Oct 2nd 1937

19. UNDERTAKER Frank and Tobin Co. (ADDRESS) 1926 W. Commercial

20. FILED 1937 M. M. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-29, 1937, to 10-1, 1937

I last saw him alive on 10-1, 1937 Death is said to have occurred on the date stated above, at 9:22 a.m.

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

Bilateral Pulmonary tuberculosis & cavitation 23
Other contributory causes of importance: Acute vegetative endocarditis.

Name of operation _____ Date of _____

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

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) R. H. De Maria, M. D.

(Address) Sept 7-C Gen Hosp 7-C

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.

