

DEC 20 1937

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

Do not use this space.

40221

1. PLACE OF DEATH

County Johnson
Township Law
City St. Joe (No. 6820-2-12)

Registration District No. 399
Primary Registration District No. 100

File No. _____
Registered No. 4535
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 6820-2-12 St. _____ 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

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 Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 80 11 19

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

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

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) Osage County Mo

13. NAME Henderson

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

15. MAIDEN NAME Wagoner

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

17. INFORMANT (ADDRESS) Mary E. Weller
1230 E. 12th St

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joe, Mo DATE Nov 10, 1937

19. UNDERTAKER (ADDRESS) W. G. Carson
St. Joe, Mo

20. FILED Nov 11, 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-2-37

22. I HEREBY CERTIFY, That I attended deceased from _____, 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:

Shock following fall
Down stairs
Cerebral arteriosclerosis
186a

Other contributory causes of importance:

General Arteriosclerosis
Cerebral Edema

Name of operation _____ Date of _____
What 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? Accident Date of injury 11-2-1937
Where did injury occur? 6820 E 12th St. Kansas City, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury It fell down stairs
Nature of injury Cerebral Edema - Shock arteriosclerosis

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) H. J. Weller M. D.
(Address) St. Joe, Mo

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.

DEPARTMENT RECORD

