

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

Do not use this space.

JAN 17 1938

44330

1. PLACE OF DEATH

County Jackson
Township Kaw
City N.E.

Registration District No. 399
Primary Registration District No. 1002
(No. 1332, Broadway)

File No. 44330
Registered No. 5233
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1302 Broadway 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 MA 4. COLOR OR RACE WH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
April 65 X X

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

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) Kentucky

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 (ADDRESS) Harley T. Hammond

18. BURIAL, CREMATION, OR REMOVAL PLACE Sussex Mo. DATE 12-28-37

19. UNDERTAKER (ADDRESS) W. Ferguson

20. FILED 12-27-37 Miller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26-37 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19

I last saw Deputy Coroner Death is said to have occurred on the date stated above, at 10:15 AM

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

Syphilitic Dementia
Diphtheria of Aorta
Myopericardium

Other contributory causes of importance: _____

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? _____ 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) Russell W. Jensen, M. D.
(Address) Kaw

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.

