

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

Do not use this space.

1454

1. PLACE OF DEATH

County Jackson
Township Low
City N. E. Mo. (No. St. Joseph Hospital)

Registration District No. 399
Priority Registration District No. 1002

File No. 142
Registered No. 142
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 536 - Harlan St. _____ Ward. Wm Wash 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruth L. Sant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 2 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Finance Dept
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) Hopkinsville Ky

MOTHER 13. NAME Jared E. Sant Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hopkinsville Ky

15. MAIDEN NAME Mathia G. Rowlett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Woolfordsville Va.

17. INFORMANT Ruth L. Sant
(ADDRESS) 536 - Harlan Wm Wash Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Jan. 11, 1938

19. UNDERTAKER (ADDRESS) Geo. C. Carson
101 - 71 - Pleasant

20. FILED Jan 11, 1938 M. M. Brown
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1938, to Jan 9, 1938

I last saw him alive on Jan 8, 1938 Death is said

to have occurred on the date stated above, at 6.4 a.m.

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

Myocarditis
Peritonitis
Carcinoma Bladder
+ Liver 5
Date of onset

Other contributory causes of importance:
Urinary Bladder Calculi

Name of operation none Date of 1/9/38

What test confirmed diagnosis? clinical 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 Pneuma (Signed) _____, M. D.

(Address) 10307 Bidup av

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BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No.) St. Ward)

File No.
Registered No. 142

2. FULL NAME

Jared E. Kank

(a) Residence, No. St. 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 Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED Jan 11, 1938 J. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9, 1938

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

I last saw h..... 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:

Myocarditis
Acute

Date of onset

Carcinoma of Bladder
and liver (S)

Other contributory causes of importance:

Primary seat - Bladder

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:

Armed, 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) M. D.

(Address)

SUPPLEMENTARY

S-1454