

REC'D MAY 9 1938

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson Registration District No. 395  
 Township Kan. Primary Registration District No. 1002  
 City Kan. City (No. 4939 State Lane Rd.) St.          Ward         

13717

File No.           
 Registered No. 1697

**2. FULL NAME**

(a) Residence, No. 4939 State Lane 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 23 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
88 1 19

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

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

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation ..... 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME Burnis Day

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

15. MAIDEN NAME Jane Montague

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

17. INFORMANT (ADDRESS) Mrs. Roy Dwyer

18. BURIAL, CREMATION, OR REMOVAL PLACE Corydon, Mo. April 14, 1938

19. UNDERTAKER (ADDRESS) Dr. J. M. Edwards

20. FILED Apr 29 1938 W. D. Cronin Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 12, 1938

22. I HEREBY CERTIFY, That I attended deceased, from Apr 2, 1938 to April 12, 1938

I last saw him/her alive on April 11, 1938 Death is said

to have occurred on the date stated above, at 9:20 a.m.

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

Pneumonia Date of onset Apr 2, 38

Other contributory causes of importance:

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) O. P. Sullivan M. D.

(Address) 1052 W. 13th St.

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.

