REC'D JUN 17 1938

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

Do not use this space.

File No. 18096

Registered No. 46

1. PLACE OF DEATH ~~Boonville~~
County Cooper
Registration District No. 218
Township
Primary Registration District No. 3015
City Boonville
Dr. A. Van Ravenswaay Clinic St. Ward)

2. FULL NAME John Godfrey Less

(a) Residence, No. St., Ward. Jamestown, 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1853-3-17

7. AGE: Years 85 | Months 2 | Days 13 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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.
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) unknown

FATHER

13. NAME Nicholas Less
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME Mary Zucholdt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jamestown Mo

17. INFORMANT (ADDRESS) Wesley P. Less. Jamestown Missouri

18. BURIAL, CREMATION, OR REMOVAL Jamestown Mo.
PLACE Methodist Cem DATE June 1 1938

19. UNDERTAKER (ADDRESS) Charley Fullrich Jamestown Mo.

20. FILED May 30 1938 D. C. Hooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1938, to May 30, 1938

I last saw him alive on May 30, 1938. Death is said to have occurred on the date stated above, at 4 p.m.

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

	Date of onset
Prostatic hypertrophy,	
followed by	
uremia.	

Other contributory causes of importance: Hypostatic pneumonia (bronchopneumonic)

Name of operation Drainage bladder Date of May 28

What test confirmed diagnosis? Surgeon Was there an autopsy? No

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? No
If so, specify
(Signed) Alex Ravenswaay, M. D.
(Address) Boonville Mo.