

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.

REC'D JUL 15 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County *Buchanan*

Township

City *St. Joseph Mo.*

Registration District No. *85*

Primary Registration District No. *1001*

(No. *Mo. Meth. Hosp.*)

File No.

21414

Registered No.

673

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

M.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Clara Aithens

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

Oct 30 1905

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

32

8

1

OCCUPATION

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

Laborer

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)

Plattsburg Mo.

FATHER

13. NAME

Frank Aithens

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

Clinton County Mo.

MOTHER

15. MAIDEN NAME

Prucella Murray

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

Clinton County Mo.

17. INFORMANT (ADDRESS)

Francis Russell Plattsburg Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Plattsburg Mo.* DATE *July 2* 1938

19. UNDERTAKER (ADDRESS)

O'Brien & Son Plattsburg Mo.

20. FILED

July 1, 1938 H. J. Keith

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 1* 1938

22. I HEREBY CERTIFY, That I attended deceased from *July 1* 1938, to *July 1* 1938.

I last saw him alive on *July 1* 1938. Death is said

to have occurred on the date stated above, at *4:05 P.*m.

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

Ruptured gastric ulcer 6-30-38
Generalized peritonitis 6-30-38

Other contributory causes of importance:

Name of operation *Exploratory* Date of *7-7-38*

What test confirmed diagnosis? *Operation* 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) *Calray Worley, M.D.*

(Address) *731 Farson St. St. Joseph, Mo.*

10/1/54

Dear Mr. [Name]

I have your letter of [Date] regarding [Subject]

and am sorry that I cannot give you a more definite answer at this time.

As you know, the [Organization] is currently [Action]

and I am sure that you will understand the need for [Reason]

I am sure that you will understand the need for [Reason]

I am sure that you will understand the need for [Reason]

I am sure that you will understand the need for [Reason]

I am sure that you will understand the need for [Reason]

I am sure that you will understand the need for [Reason]

I am sure that you will understand the need for [Reason]

I am sure that you will understand the need for [Reason]

I am sure that you will understand the need for [Reason]

I am sure that you will understand the need for [Reason]

I am sure that you will understand the need for [Reason]

I am sure that you will understand the need for [Reason]

I am sure that you will understand the need for [Reason]

I am sure that you will understand the need for [Reason]

I am sure that you will understand the need for [Reason]

I am sure that you will understand the need for [Reason]

I am sure that you will understand the need for [Reason]