

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 AUG 24 1938

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

Do not use this space.

25522

1. PLACE OF BIRTH

County Jackson Registration District No. 398
Township Patton Primary Registration District No. 3019
City Independence (No. 1) Dale Sanitarium

File No. _____
Registered No. 189 H. L. H.

2. FULL NAME

(a) Residence, No. Blue Springs (If nonresident, give city or town and State)
(Usual place of abode)

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) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28 - 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 1 8

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

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

MOTHER 13. NAME Louis Gore

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

15. MAIDEN NAME Hannah Nealey

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

17. INFORMANT (ADDRESS) Mrs. B. F. Bates

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Springs DATE 7-7-38

19. UNDERTAKER (ADDRESS) R. B. Webb

20. FILED 7-12-38 J. L. Moore Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1938, to July 5, 1938
I last saw him alive on July 4, 1938. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

Sepsis from Pyelitis
1938
Other contributory causes of importance: Atherosclerosis 1930

Date of onset Jul 25

Name of operation none Date of _____
What test confirmed diagnosis? clinical. 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? If so, specify. (Signed) J. G. Hetherington, M. D.
(Address) Independence, Mo.

