

REC'D SEP 13 1938

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

27761

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Jackson Primary Registration District No. 1002
(c) City Jackson City (d) Street No. 72 C Gen Hosp St.
(If death occurred in hospital or institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. 655 How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 3072

2. PRINT FULL NAME

(a) Residence, No. 915 W 9th St St. (If nonresident, give city or town and State)
(Actual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17 1857
7. AGE YEARS 85 MONTHS 9 DAYS 2 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as 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) Penn13. NAME Samard Harmony14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn15. MAIDEN NAME unmarried16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unmarried17. INFORMANT Record Clerk
(ADDRESS) 72 C Gen Hosp #118. BURIAL, CREMATION, OR REMOVAL State Anatomical Bldg DATE 7-18-3819. FUNERAL DIRECTOR John P. Popeliga
(ADDRESS) 536 Campbell St20. FILED Aug 2 19. 39th M. Crown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26 1938
22. I HEREBY CERTIFY, That I attended deceased from 7-22 1938, to 7-26 1938
I last saw alive on 7-26 1938. Death is said to have occurred on the date stated above, at 8:25 PM
The principal cause of death and related causes of importance were as follows:

Chronic Hepatitis Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) Wesley R. Thayer M. D.
(Address) Gen Supr 72 C Gen Hosp
J. C. M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.