

SEP 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. _____
Township Washington Primary Registration District No. _____
City St Joseph Mo (No. 2532 1/2 So 18) St. _____ Ward _____

File No. 28321
Registered No. 812
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2532 1/2 So 18 St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23-1849
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 6 12

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

13. NAME unk

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

15. MAIDEN NAME unk

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

17. INFORMANT (ADDRESS) Mrs. Alice Geell
616 Mason St. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Green Cem. Aug 6 1938

19. UNDERTAKER (ADDRESS) Stoney Funeral Home
2335 St Joe Ave.

20. FILED Aug 5 1938 St Joseph Mo
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 20 1938 to Aug 5 1938
I last saw him alive on Aug 3 1938. Death is said to have occurred on the date stated above, at 2 a.m.

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

Endocarditis - Together
c large heart.

Other contributory causes of importance:
General disability.
General disability.

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury Aug 5 1938
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Dr. B. B. Summers, M. D.
(Address) St Joseph Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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