

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.

NOV 15 1938

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

Do not use this space.

25159

1. PLACE OF DEATH

County Buchanan Registration District No. 1001
Township St. Joseph Primary Registration District No. 1001
City St. Joseph St. Joseph Hospital #2
(JAMES FREDERICK)

File No. _____
Registered No. 1055
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. State Hospital St. _____ Ward _____
(Usual place of abode) Kansas City, Mo.
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 24 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7, 1863
7. AGE YEARS 74 MONTHS 10 DAYS 107 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed past 12 years.
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) Bushville, Mo. 0

13. NAME Thomas Jefferson Poe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheeling W Virginia

15. MAIDEN NAME Rebecca Bond

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

17. INFORMANT State Hosp #2 records

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph KCMo DATE Oct 26

19. UNDERTAKER (ADDRESS) 407 Newcomer Ave
407 Bush Creek T.C. Mo

20. FILED Oct 25 1938 W. A. Applebush
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1938
22. I HEREBY CERTIFY, That I attended deceased from May 31 1938 to Oct. 24 1938
I last saw him alive on Oct 23 1938 Death is said to have occurred on the date stated above, at 6 A.M.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Generalized arteriosclerotic senility
Other contributory causes of importance: _____
Name of operation none Date of _____
What test confirmed diagnosis? none 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 _____, 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 none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) Dwight Breit, M. D.
(Address) State Hosp #2

STATEMENT BY LICENSED EMBALMER

I, Nell Carr, Licensed Embalmer No. 3976

hereby certify that the body recorded on the reverse side of this

certificate was embalmed by Edward M Storey

Registered Apprentice No. _____

(Signed Nell Carr
Licensed Embalmer No. 3976)

NOTE: The above MUST BE SIGNED BY THE EMBALMER IN HANDWRITING.
(Failure to comply with the above regulation constitutes grounds for revocation of license.)