

REC'D APR 11 1939

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

Do not use this space.

675

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. St. Joseph Hospital # 2)

File No. 10082
Registered No. 237
St. _____ Ward _____

2. FULL NAME

John Dean Best

(a) Residence No. Liberty, Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 7 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) November 26, 1873
7. AGE YEARS 65 MONTHS 3 DAYS 43 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Clay Co., Mo.

13. NAME Merideth Dean Best

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

15. MAIDEN NAME Nancy Creek

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co., Mo.

17. INFORMANT (ADDRESS) Records State Hosp # 2

18. BURIAL, CREMATION, OR REMOVAL Providence Cemetery
PLACE Liberty, Mo. DATE 3/11/39

19. UNDERTAKER Clyde Archer Co.
(ADDRESS) Liberty, Mo.

20. FILED Mar 10 1939 H. Wallerbach
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9 1939

22. I HEREBY CERTIFY, That I attended deceased from March 2 1939 to March 9 1939
I last saw him alive on March 9 1939 Death is said to have occurred on the date stated above, at 5:40 p.m.

The principal cause of death and related causes of importance were as follows:
arteriosclerotic heart disease ?
Broncho pneumonia 3/8/39

Other contributory causes of importance:
9510

Name of operation none Date of _____

What test confirmed diagnosis? lab + clia 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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) D.P. Johnson, M. D.

(Address) State Hosp # 2
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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