

JUL 11 1939

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

Do not use this space.

749

3

85

21546

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph

Registration District No. 1001
Primary Registration District No. 1001

File No. 576
Registered No. 576

2. FULL NAME

(a) Residence, No. State Hospital # 2 St. Jackson Co. Mo.
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 9 ds. How long in U. S., if of foreign birth? 9 yrs. 9 mos. 9 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no information

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2 1866

7. AGE YEARS 73 MONTHS 2 DAYS 2 If LESS than 1 day, hrs. or min.

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

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) 1935 (April) 11. Total time (years) spent in this occupation 50

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT Jackson Co. Clerk (Mo.) (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE State Hosp. # 2 DATE June 6, 1939

19. UNDERTAKER Horton - Beale & Bonner (ADDRESS) 319 Ch. 10th St. Mineral Spring

20. FILED June 6, 1939 - H. J. Seethush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1939

22. I HEREBY CERTIFY That I attended deceased from Apr. 26, 1938, to June 5, 1939. Last saw him alive on June 4, 1939. Death is said to have occurred on the date stated above, at 9:35 P.M.

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

Arteriosclerosis Date of onset ?

Other contributory causes of importance: Chronic endocarditis (rheumatic) ?

Name of operation none Date of
What test confirmed diagnosis? autopsy Was there an autopsy? Yes

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? No.
If so, specify

(Signed) H. J. Seethush 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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