

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan  
Township  
City St. Joseph

Registration District No. 85  
Primary Registration District No. 1001  
(No. Mrs. Muth. Keap.)

File No. 39066  
Registered No. 1200  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Platburg, Mo.  
(Usual place of abode)

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

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (Wife)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 1 24

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. 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) Not known  
Virginia

13. NAME not known

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

15. MAIDEN NAME not known

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

17. INFORMANT (ADDRESS) W. F. Clute  
Hyannis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Platburg, Mo. DATE Nov 24 1939

19. UNDERTAKER (ADDRESS) W. B. Brown  
St. Joseph, Mo.

20. FILED 11/24/39 19 W. F. Clute  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22 1939

22. I HEREBY CERTIFY, That I attended deceased from October 10 1939, to Nov. 22 1939

I last saw him alive on Nov. 22 1939. Death is said to have occurred on the date stated above, at 5:05 P. m.

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

Intestinal obstruction Date of onset 10-5-39  
-intussusception of descending colon

Other contributory causes of importance  
Decubitus ulcer 10-28  
exhaustion 11-20-39  
asphyxiation

Name of operation Reduction of intussusception Date of 10-10-39

What test confirmed diagnosis? X-ray 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? No

If so, specify \_\_\_\_\_  
(Signed) S. C. Lenoir M. D.  
(Address) St. Joseph Mo

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.

DEC 11 1939

I hereby Certify that the body  
who's name appears on the other side  
was personally embalmed by me.

Darrell H. Lyon  
Lic. 3640.

Plattsburg mo.