

FILE APR 18 1940

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

Do not use this space.

12788

1. PLACE OF DEATH

County NorthRegistration District No. 905Township AllenPrimary Registration District No. 6216City Denver(No. 2)

File No.

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE Alexander Toronto6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22/18607. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 79 3 24

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

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) Iowa13. NAME John Wharton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia15. MAIDEN NAME Sarah James16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois17. INFORMANT Marcell Taylor (ADDRESS) Denver Ill18. BURIAL, CREMATION, OR REMOVAL PLACE Wesley Chapel DATE March 17, 194019. UNDERTAKER Brown Bros (ADDRESS) Denver Ill20. FILED Apr 13 1940 A. L. Perry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16 194022. I HEREBY CERTIFY, That I attended deceased from March 1, 1940, to Death, 1940I last saw her alive on March 13, 1940 Death is saidto have occurred on the date stated above, at 10:00 a.m.

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

Cardiac Decompensation Date of onset 1939

Other contributory causes of importance:

Chronic MyocarditisChronic Interstitial Nephritis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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? NoIf so, specify None(Signed) J. H. Hachey D.O. M. D.(Address) Denver 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.

FEB 20 1958

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12788**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **905-**

Primary Registration District No. **6216**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Worth**
(b) City or town **Allen**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether
In this community. years, months or days)

3. (a) PRINT
FULL NAME

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex **7** 5. Color or race **W** 6. (a) Single, widowed, married, divorced, **and**

6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive, year

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years **79** Months **3** Days **24** If less than one day, hr. min.

9. Birthplace. (City, town, or county) (State or foreign country)

10. Usual occupation. **Housewife**

11. Industry or business. **none**

12. Name.

13. Birthplace. (City, town, or county) (State or foreign country)

14. Maiden name.

15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant.

(b) Address.

17. (a) (Burial, cremation, or removal) (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation.

18. (a) Signature of funeral director.

(b) Address.

19. (a) **Apr 13 1940** (b) **A L Perry** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Worth**

(c) City or town **Denver** (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A. ? years.

20. MEDICAL CERTIFICATION

20. DATE OF DEATH. Month **Mar** day **16** year **1940** hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on 19

and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.

23. Signature **J. H. Harley** (M. D. or other)

Address **Denver** Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-12788 1940