

MAR 14 1941

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

Do not use this space.

5889

1. PLACE OF DEATH

County Jackson Registration District No. 399  
 Township Ray Primary Registration District No. 1002  
 City Jackson City No. Mercy Hospital St. 8th Ward

2. FULL NAME

(a) Residence, No. Rayville St. Mo Ward 5  
 (Usual place of abode) (If non-resident, 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant 1

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 14, 1941

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
 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) Rayville Mo

13. NAME Joseph Hankins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County Mo

15. MAIDEN NAME Vera Shelton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County Mo

17. INFORMANT (ADDRESS) J. E. Broadhurst Rayville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE 2-15 1941

19. UNDERTAKER (ADDRESS) J. E. Broadhurst Rayville Mo

20. FILED 2/14 1941 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/14/41 1941

22. I HEREBY CERTIFY, That I attended deceased from Ann, 1941

I last saw him alive on \_\_\_\_\_, 1941 Death is said

to have occurred on the date stated above, at 12:30 P m.

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

Pneumonia  
154  
 Other contributory causes of importance:

Name of operation \_\_\_\_\_ 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 \_\_\_\_\_, 1941

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. E. Broadhurst, M. D.

(Address) Rayville

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.

WHILE CURRENTLY ON RECORD THIS IS A PERMANENT RECORD

