

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

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15900
15630

1. PLACE OF DEATH

County Washington Registration District No. 87.5
 Township Washington Primary Registration District No. 6162
 City Washington

File No. _____
 Registered No. 73
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 12 yrs. 11 mos. 26 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-16-184

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
47 2-16

8. OCCUPATION OF DECEASED Librarian
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smithton

10. NAME OF FATHER Smithton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Smithton

12. MAIDEN NAME OF MOTHER Smithton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Smithton

14. Informant (Address) State Hospital Records Nevada Mo

15. Filed 4-18-28 E. R. King REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 1st 1928

17. I HEREBY CERTIFY That I attended deceased from Sept 1st 1928 to April 1st 1928
 that I last saw him alive on April 1st 1928 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
94A
Q (duration) _____ yrs. _____ mos. 2 ds.

CONTRIBUTORY (SECONDARY) Insanity
 (duration) 15 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. H. Parker, M. D.
4-1-1928 (Address) Nevada Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lamont Mo DATE OF BURIAL 3 19 28

20. UNDERTAKER W. J. Parker ADDRESS Nevada 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.

Handwritten text, possibly a signature or date, oriented vertically on the right side of the page.