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.

JUN 21 1932

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

Do not use this space.

18710

File No.

Registered No. 544

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St.Joseph. (No. 9th & Court St St. Ward)

2. FULL NAME James C.Over

(a) Residence, No. 9th & Court Sts. St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 14, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	50	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer. 1

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) June 1929.

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Illinois. 2

FATHER

13. NAME Jacob Over.

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Illinois. ~~Unknown~~ 31

MOTHER

15. MAIDEN NAME Bertha Sprinkle.

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

17. INFORMANT Mrs. Bertha Over. (ADDRESS) 9th & Court Sts. St.Joseph,Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery. DATE June 6, 1932

19. UNDERTAKER Fred D. Clark (ADDRESS) 5025 King Hill Av.

20. FILED JUN 6 1932 John R. Bender Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1932

22. I HEREBY CERTIFY, That I ~~attended~~ Viewed deceased from ......, 19...., to ......, 19....

I last saw h.... alive on ......, 19.... Death is said to have occurred on the date stated above, at 4 A m.

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

Mitral Ineufficiency

90A 92A

Other contributory causes of importance: none

5

Name of operation none Date of

What test confirmed diagnosis? History 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) B. W. Tadlock Coroner, M. D.

(Address) 921 Francis