

APR 8 1937

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

Do not use this space.

9446

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township _____ Primary Registration District No. _____
City Jackson City, Mo. (No. 1) Mercy Hosp St. _____ Ward _____

File No. 1162
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Montrose, Mo.
(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 6 1930</u>		
7. AGE YEARS <u>6 yrs</u>	MONTHS <u>4 mos</u>	DAYS <u>1</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>None</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>None</u>
	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) <u>Montrose, Mo</u>		
FATHER	13. NAME <u>Ed. Wengarden</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montrose, Mo</u>	
MOTHER	15. MAIDEN NAME <u>Mary Sullivan</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montrose, Mo</u>	
17. INFORMANT (ADDRESS) <u>Ed. Wengarden</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Rose</u> DATE <u>3-8-37</u>		
19. UNDERTAKER (ADDRESS) <u>P. Lemartz, Mont Rose, Mo</u>		
20. FILED <u>3-6-37</u> <u>M. M. Crum</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-7-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-26, 1937, to 3-7, 1937.
I last saw him alive on 3-7-1937. Death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:
Bubonic Plague Date of onset 3-2-37
Broncho Pneumonia 3-5-37
Essential Thrombopenia 2-25-37
Purpura
Other contributory causes of importance: None 1070

Name of operation Splenectomy Date of 3-5-37
What test confirmed diagnosis? set 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 _____, 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) Harry E. Linn, M. D.
(Address) 815 Prof. Bldg. B.C. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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.

