

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.

MAY 23 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

11814

1. PLACE OF DEATH

14 County Leavenworth 20
 2 Township Leavenworth
 7 City Leavenworth (No. 4)

Registration District No. 104Primary Registration District No. 3008

File No. _____

Registered No. 80

St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. Leavenworth St. _____Ward. State Hospital (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 Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
ack 35 1 — —

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. DK
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. DK
 10. Date deceased last worked at this occupation (month and year) DK 11. Total time (years) spent in this occupation DK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK13. NAME DK14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK15. MAIDEN NAME DK16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK17. INFORMANT (ADDRESS) The ends State Hospital not18. BURIAL, CREMATION, OR REMOVAL PLACE Leavenworth DATE 4-16 193219. UNDERTAKER (ADDRESS) S. D. Nordman20. FILED 4 15 1932 R. H. Crook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 193222. I HEREBY CERTIFY, That I attended deceased from Dec 30 1931, to April 15 1932I last saw him alive on April 15 1932. Death is saidto have occurred on the date stated above, at 9:30 P.M.

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

Benign Hemorrhage
gall stones
DK
DK

Other contributory causes of importance:

DK DK
 Name of operation none 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 no injury

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) DK M. D.(Address) State Hospital notLeavenworth

