

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

29521

1. PLACE OF DEATH

County Jackson Registration District No. 1002 File No. _____
 Township Raw Primary Registration District No. _____ Registered No. _____
 City Jackson City (No. Ill. Street Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2656 East 8th St. Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 35 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 (write the word) widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED deceased 6-12-1898
 HUSBAND OF Mrs Green Sprague M. Lewis
 (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Febr 1 - 1852
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
 69 9 24
 8. OCCUPATION OF DECEASED Formally Weigh Master
 (a) Trade, profession, or particular kind of work Swift Co.
 (b) General nature of industry, business, or establishment in which employed (or employer) with 25 yrs.
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Belfast, Ireland.
 (STATE OR COUNTRY)
 10. NAME OF FATHER Wm. McLaur
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Belfast
 (STATE OR COUNTRY) Ireland
 12. MAIDEN NAME OF MOTHER Jane Dickson
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Belfast
 (STATE OR COUNTRY) Ireland.

14. INFORMANT Mr. Leonard Williams
 (Address) 2656 East 8th St.
 15. FILED 11/6/21 M. M. Crowe
 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 25. 1921
 17. I HEREBY CERTIFY, That I attended deceased from _____
 to _____, 19____, to _____, 19____,
 that I last saw him alive on _____, 19____, and that
 death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Respiratoria

CONTRIBUTORY (SECONDARY) Physicial Insufficiency
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH.
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) U. G. McWhain, M. D.
1/26, 1921, (Address) 1004 Pratt Bldg

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL, Forest Hill C. DATE OF BURIAL 11/26 1921
 20. UNDERTAKER Ogden Beas ADDRESS _____

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.

