

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

Do not use this space.

14212

1. PLACE OF DEATH

County Buchanan
Township St. Joseph mo.
City Pearl Hopkins

85
Registration District No.
Primary Registration District No. 1001

File No.
Registered No. 499
St. Ward)

2. FULL NAME

(a) Residence. No. 2407 1/2 S 2nd St., Ward.
(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>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harpkins</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>1884</u>		
7. AGE <u>43</u>	YEARS	MONTHS <u>Unknown</u>
	DAYS	IF LESS than 1 day hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(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)

Kansas City Kan.

PARENTS

10. NAME OF FATHER Henry William
Mo
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Herveta Prasad
Mo
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. Mrs Della Smith
2407 1/2 S 2nd
(Address)

15. FILED 1 1927
John G. Gb
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May-7-1927
17. I HEREBY CERTIFY, That I attended deceased from May 7, 1927 to May 7, 1927, that I last saw h. alive on May 7, 1927, and that death occurred, on the date stated above, at 7 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gunshot Wound in abdomen
173 (Homicide)
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1917
(duration) 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? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Post Mortem findings + History of shooting
(Signed) J. H. Murray, M. D
5/11, 1927 (Address) St. Joseph 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 B. City Cemetery DATE OF BURIAL 5/11 1927

20. UNDERTAKER B. J. Graves ADDRESS 1359 M 44

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 24 1927

