

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

Do not use this space.

24593

**1. PLACE OF DEATH**

County Jackson  
 Township Gran  
 City Kennett

Registration District No. 399

File No. 3480

Primary or Other District No. City Hospital

Registered No. 3480

**2. FULL NAME**

(a) Residence. No. 1012 Missouri Ave. St. 1 Ward.

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U.S., if of foreign birth? yrs. mos. da.

(If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 14, 1904

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
22 11 11

**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) Missouri  
 (STATE OR COUNTRY)

10. NAME OF FATHER Reed W.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Robinson W.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.  
 (STATE OR COUNTRY)

14. INFORMANT Rebecca Hammett  
 (Address) 1012 Mo. Ave

15. FILED 9/27 1927 M. M. Brown  
 REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-25 1927

17. I HEREBY CERTIFY, That I attended deceased from 7-26, 1927, to 8-25, 1927 that I last saw h. ea... alive on 8-25, 1927, and that death occurred, on the date stated above, at 7:15 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary TB  
234  
9300

CONTRIBUTORY Chronic Myocarditis  
 (SECONDARY)  
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & lab.

(Signed) W. M. Smith M.D.

926, 1927 (Address) Old City Hospital

\*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 Leeds Cemetery DATE OF BURIAL 9/12 1927

20. UNDERTAKER West Applegate Bros. ADDRESS 1600 E. 19th

N. B.—Every item of information should be carefully supplied. A C<sub>1</sub> 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.

PERMANENT RECORD

