

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

Do not use this space.

1927

1. PLACE OF DEATH

County Jasper
Township Webb City
City Webb City (No.)

Registration District No. 417
Primary Registration District No. 55670
No. 3021

File No. 27591
Registered No. 139124
St. Word)

2. FULL NAME

Grace Pooling
(a) Residence. No. Jasper Community Tuberculosis Hospital.
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	29			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home.
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT J. V. Hinklewood
(Address) Webb City, Mo.

15. FILED 9-26-27 R. M. Stormon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 21, 1927

17. I HEREBY CERTIFY, That I attended deceased from February 2, 1927, to September 20, 1927 that I last saw her alive on September 20, 1927, and that death occurred, on the date stated above, at 11:15 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic pulmonary tuberculosis.
12365
(duration) 2 yrs. 7 mos. — ds.

CONTRIBUTORY unknown
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 31
IF NOT AT PLACE OF DEATH

19. WAS THERE AN OPERATION PRECEDING DEATH? No DATE OF
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical & X-ray examination
(Signed) Jarney Hinklewood, M. D.
St 22, 1927 (Address) Webb City, Missouri

*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 Webb City, Mo. DATE OF BURIAL 9/27 1927

20. UNDERTAKER Webb City, Mo. ADDRESS Webb City, Mo.

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.

