

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

Do not use this space.

31908

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. **791**  
Primary Registration District No. **1003**  
(No. **Mo Pacific Hosp**)

File No.....  
Registered No. **19273**  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **2330 Wash** St., **121** 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 **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 **John Dunlap,**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct 4 - 1883**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**44 0 10**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **House Wife**  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Yonkers**  
(STATE OR COUNTRY) **Tenn.**

10. NAME OF FATHER **McGilbert Jones,**

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

12. MAIDEN NAME OF MOTHER **Fred Roberts**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Yonkers**  
(STATE OR COUNTRY) **Tenn.**

14. INFORMANT **John Dunlap,**  
(Address) **2330 Wash St.**

15. **OCT 18 1927** FILED **Max C. Staroboff** REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **10-14-27**

17. I HEREBY CERTIFY, That I attended deceased from ..... 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:

**Septicemia following crushed body because collapsed under in severe storm 9/29/27**

CONTRIBUTORY (SECONDARY) **Accident**  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **20**  
IF NOT IN PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) **10/18/27** **Dr. J. M. Brown** M.D.  
(Address) **Rep Coroner**

\*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 **Barnwood** DATE OF BURIAL **Oct 18 1927**

20. UNDERTAKER **Mammul and Co.** ADDRESS **4059 Frimley**

K. 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.

