

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

33799-^a

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township EastPrimary Registration District No. 1002City Mc. Mo(No. 537)CharlotteFile No. 33799Registered No. 33799St. MoWard 1

2. FULL NAME

(a) Residence. No. 537 Charlotte St.

(Usual place of abode)

Ward. 1

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

col

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)

Unknown

7. AGE

40 YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

General House Work

(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)

Ark

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ark

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

Mrs. Chas. Jackson537 Charlotte

15.

FILED

Jan 12, 1928

M. M. Crowe

REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-16-192717. I HEREBY CERTIFY, That I attended deceased from 11-16-1927, to 11-16-1927, and that I last saw him alive on 11-16-1927, and that death occurred, on the date stated above, at 11-16-1927.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Hypertension131936

CONTRIBUTORY (SECONDARY)

Chronic Arteriosclerotic Heart Disease

18. WHERE WAS DISEASE CONTRIBUTED

IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Dr. W. L. Turner

M. D.

11/18/27, 19 (Address) Deputy 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

DATE OF BURIAL

Lieds Cemetery1-14-1928

20. UNDERTAKER

ADDRESS

H. B. Moore1820 E. 18

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.

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