

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

Do not use this space.

11896

1. PLACE OF DEATH

County Scott
Township.....
City Chaffee (No.....) St..... Ward.....

Registration District No. 816
Primary Registration District No. 4492

File No.....
Registered No. 11

2. FULL NAME

Dora Black
(a) Residence. No. 215 N. Garden St. Ward.....
(Usual place of abode)
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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 28, 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 2 26

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Jackson Ca
(STATE OR COUNTRY) W. Va.

10. NAME OF FATHER Frank Black

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

12. MAIDEN NAME OF MOTHER Stella Dittler

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

14. INFORMANT Frank Black
(Address) Chaffee Mo

15. FILED 3-26 1928 W. S. Sample REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 24 1928

17. I HEREBY CERTIFY That I attended deceased from Feb 1928, to March 24 1928 that I last saw h. alive on March 23, 1928 and that death occurred, on the date stated above, at 5:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
2.3A

About 2 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) W. O. Jewey, M. D.

2/26, 1928 (Address) Chaffee 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 U.P. by Chaffee Mo DATE OF BURIAL 3/26/ 1928

20. UNDERTAKER W. C. Busplinghoff ADDRESS Chaffee Mo

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.

1928

