

Parents
 JAN 28 1929

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

Do not use this space.

43692

1. PLACE OF DEATH

County Gallatin
 Township Jefferson
 City Memphis (No. _____) St. _____ Ward _____

Registration District No. 810
 Primary Registration District No. 4488

File No. _____
 Registered No. 64

2. FULL NAME

Jessie Ann Black
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)

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 MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 25 1928

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Hallock Black

17. I HEREBY CERTIFY That I attended deceased from Dec 23, 1928, to Dec 25, 1928. that I last saw her alive on Dec 23, 1928, and that death occurred, on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6 - 1848

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 7 19

Chronic Bronchitis
Exhaustion
 (duration) 5 yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) Influenza
 (duration) _____ yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Cadernville Ky
 (STATE OR COUNTRY)

18. WHEN WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

10. NAME OF FATHER Wm. Trainer

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) E. C. Parrish, M. D.
12/21/28 (Address) Memphis Mo.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) don't know
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) don't know
 (STATE OR COUNTRY)

*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.

14. INFORMANT Mrs. J. D. Rowe
 (Address) Memphis Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Memphis cemetery DATE OF BURIAL 12/26/28

15. FILED 1/1 28 1929 E. C. Parrish
 REGISTRAR

20. UNDERTAKER W. H. Payne & Sons ADDRESS Memphis

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.

