

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.

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

Do not use this space.

1617

1. PLACE OF DEATH

County Jackson
Township Law
City Springfield (No. 1914 E 13th)

Registration District No. 399

Primary Registration District No. 2002

File No. 208
Registered No. 208
St. Mo. Ward 2

2. FULL NAME

(a) Residence. No. 1914 E 13th St., 2 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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fr. 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11, 1873

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
55 | 6 | 14 | 12 | — | —

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

At Home

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Louisa Ruffin

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

14. INFORMANT Alice Brooks, 1914 E 13th
Nettie Johnson, 4603 Prairie, Chicago

15. FILED 1-16-28 M. M. Currier REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 13, 1929

17. I HEREBY CERTIFY That I attended deceased from 12/13/28 to 1/13/29, 1929, that I last saw him alive on 1/12/29, and that death occurred, on the date stated above, at 9 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart failure
11/2

91A (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Acute Endocarditis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P. H. H. H., M. D.

1/15/29, 1929 (Address) 1512 E 5th

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

Blue Ridge Lawn 1/17 1929

20. UNDERTAKER ADDRESS

Hatkins Brothers 1729 Lydia

J. R. Thompson, 1512 N. 5th