

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.

10134

DATE OF DEATH

County *Franklin*
Towship *Franklin*
City *Franklin* (No. _____)

Registration District No. *266*

Primary Registration District No. *389*

File No. _____

Registered No. *38*

St. _____

Ward _____

2. FULL NAME

William T Black

(a) Residence. No. _____

(Usual place of abode)

St. _____

Ward _____

Length of residence in city or town where death occurred *60* yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Mr Wm Black

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

Feb 7-1845

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

84

1

8. OCCUPATION OF DECEASED

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

Farmer

(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)

Tenn

10. NAME OF FATHER

William Black

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn

12. MAIDEN NAME OF MOTHER

Senith Davis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn

14. INFORMANT

(Address)

*Mr Wm Black
Franklin, Mo*

15.

FILED

29. H. C. Rudel, Jr., M.D.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

3/7

19 *29*

17.

I HEREBY CERTIFY That I attended deceased from *Jan 31*, 19*29*, to *Mar 7*, 19*29*, that I last saw him alive on *Feb 2nd*, 19*29*, and that death occurred, on the date stated above, at *4 a.m.*

(THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

11 B

16 Y

CONTRIBUTORY (SECONDARY)

General debility

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?

usual Physical

(Signed)

W. E. Kuhl, M. D.

, 19

(Address)

Salem 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

DATE OF BURIAL

McCarty Graveyard

3/7 1929

20. UNDERTAKER

H. D. Hobson

ADDRESS

Salem Mo

