

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

Do not use this space.

14705

**1. PLACE OF DEATH**

County Linn Registration District No. 399  
 Township Ward Primary Registration District No. 1002  
 City Texas City No. 2453 Floral K.M.P.

File No. 17511  
 Registered No. 17511  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 2453 Floral St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (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) divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-17-1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
39 8 22

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER James Jones

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

12. MAIDEN NAME OF MOTHER Elizabeth

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

14. INFORMANT Mirrepa Alexander  
 (Address) 2453 Floral

15. FILED 4/12 29 M. M. Brown  
 19 \_\_\_\_\_ REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-9-1929

17. I HEREBY CERTIFY That I attended deceased from Feb 29, 1929, to Apr 9, 1929, and that I last saw him alive on Apr 9, 1929, and the death occurred, on the date stated above at 1070 P.M.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Pneumonia  
nephritis  
1929

CONTRIBUTORY (SECONDARY) Portia Stearns  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS Urinalysis  
 (Signed) M. M. Brown, M. D.  
4/11/29 (Address) 1512 N. 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 West Lawn DATE OF BURIAL 4-12 1929

20. UNDERTAKER Nathan Thatcher ADDRESS 1520 N. 5th

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

31  
2  
2  
31

63-1