

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.

18579

**1. PLACE OF DEATH**

County Johnson Registration District No. 427 File No. 16  
 Township Madison Primary Registration District No. 42.53 Registered No. \_\_\_\_\_  
 City Holden Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Cecil Freeman

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 7 yrs. 12 mos. 17 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male **4. COLOR OR RACE** Negro **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Single  
**5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF** Single

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** May 15-1922

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>7</u>		<u>12</u>	

**8. OCCUPATION OF DECEASED**

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

(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)** Mo

**10. NAME OF FATHER** Unknown

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

**12. MAIDEN NAME OF MOTHER** Mildred West

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

**14. INFORMANT** Beatrice Venerables  
 (Address) P.O. Box 1169, Charge

**15. FILED** 5/29, 1929 E. W. Harris  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** May 27, 1929

**17. I HEREBY CERTIFY** that I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Revascular wound in head (accidental)

**18. WHERE WAS DISEASE CONTRACTED** 184

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

**CONTRIBUTORY (SECONDARY)** 185

\_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH: \_\_\_\_\_ DATE OF \_\_\_\_\_

**8** WAS THERE AN AUTOPSY: \_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS:**  
Edwards Anderson, M.D.  
St. Louis Mo. coroner

\*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** Holden Cemetery **DATE OF BURIAL** 5/29 1929

**20. UNDERTAKER** John H. Murray **ADDRESS** Holden Mo.

PARENTS

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