

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

Do not use this space.

40076

1. PLACE OF DEATH

County Clay Registration District No. 209
Township Liberty Primary Registration District No. 2012
City Liberty (No. _____) St. _____ Ward _____

File No. _____
Registered No. 111
St. _____ Ward _____

2. FULL NAME

Homer J. Black
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 1/2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 24 1929

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 27-1867

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
62 1 27

Automobile accident
inside of city of Liberty
2:15 PM (duration) _____ yrs. _____ mos. _____ ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer) Foundry & Steel
(c) Name of employer J. J. St. & Co. of Cl.

CONTRIBUTORY (SECONDARY) 1880 (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Hamilton
(STATE OR COUNTRY) Ill.

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

10. NAME OF FATHER A. H. Black

(DID AN OPERATION PRECEDE DEATH? _____) DATE OF _____
WAS THERE AN AUTOPSY? _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boone Co
(STATE OR COUNTRY) Mo

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. R. [Signature] - Coroner, M. D.

12. MAIDEN NAME OF MOTHER Rebecca Bell

12/27, 1929 (Address) Liberty - MO -

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

14. INFORMANT Mrs. J. R. Black
(Address) Liberty, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fairview Liberty, Mo DATE OF BURIAL 12/24/29

15. FILED 1/10/30 19 W. H. Goodson REGISTRAR

20. UNDERTAKER Church-Anchor Co - Liberty, Mo. ADDRESS _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIAN should state whether or not deceased was extremely supple. Exact statement of OCCUPATION is very important.

1930

29

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100
100