

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

Do not use this space.

41019-f

1. PLACE OF DEATH

County Jackson
Township Kennett
City Brunswick Mo.

Registration District No. 399
Primary Registration District No. 2
(No. Gen. Hospital #2)

File No. 011
Registered No. 011
St. _____ Ward _____

2. FULL NAME

Charles Case
(a) Residence No. 3918 Lucas St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 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 Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) unknown

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unk 1887

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, _____ hrs. or _____ min.
<u>42</u>	<u>0</u>	<u>0</u>	<u>0</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work unknown
(b) General nature of industry, business, or establishment in which employed (or employer) unknown
(c) Name of employer unknown

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. L. Mo.

10. NAME OF FATHER ?

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Donald Clark (Address) Gen. Hosp #2 Can Wm M.H.

15. FILED 79 30 1930 M. M. Groves REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 23 1929

17. I HEREBY CERTIFY, That I attended deceased from house 12 1929, to Dec 23, 1929, that I last saw him alive on Dec 23, 1929, and that death occurred, on the date stated above, at 2 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
25A
31 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED unknown

IF NOT AT PLACE OF DEATH unknown

DID AN OPERATION PRECEDE DEATH no DATE OF _____

WAS THERE AN AUTOPSY no

WHAT TEST CONFIRMED DIAGNOSIS Microscopic

(Signed) J. P. Smith M.D. 12-23, 1929 (Address) Gen. Hosp #2

*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 Western Dental School DATE OF BURIAL 1-9 1930

20. UNDERTAKER M^o State Anatomical Board ADDRESS Lynchburg

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.

