

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

Do not use this space.

5028

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Blaine Primary Registration District No. 1077 Registered No. 1077
 City Seeds Suburban Hospital St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 812 Brookland St. 9 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. 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) Widower

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Labour
 (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) Miss

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. Conners Robinson (Address) 921 Charlotte

15. FILED 2/13 30, 1930 M. M. Greene REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 8 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1930, to Feb 8, 1930 that I last saw h. alive on Feb 6, 1930, and that death occurred, on the date stated above, at 8 10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Pulmonary Tuberculosis
18A (duration) 0 yrs. 8 mos. - ds.

CONTRIBUTORY (SECONDARY) 31 (duration) - yrs. - mos. - ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical Laboratory
 (Signed) Edwintha, M.D.
Feb 11, 1930 (Address) 1830 Vine St. (K.S.M.)

*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 Highland Cem DATE OF BURIAL 2-18-1930

20. UNDERTAKER F. B. Moore ADDRESS 1820 E/8

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