

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

Do not use this space.

**6785**

**1. PLACE OF DEATH**

County.....

Registration District No. **791**  
**1003**

Township.....

Primary Registration District No. **2602 Thomas**

City.....

(No. **2602 Thomas** St. .... Ward)

File No. ....

Registered No. **1620**

**2. FULL NAME**

(a) Residence. No. **2602 Thomas** St., **221** 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)**

*married*

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

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

*Feb 5 - 1898*

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

*32*

*5*

**8. OCCUPATION OF DECEASED**

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

*Cook*

(b) General nature of industry, business, or establishment in which employed (or employer).

*Train*

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

*Hallsburg Miss*

**10. NAME OF FATHER**

*Leroy Jones*

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Miss*

**12. MAIDEN NAME OF MOTHER**

*Charley Bradford*

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Miss*

**14. INFORMANT**

(Address)

*Willie L. Jones  
2602 Thomas*

**15. FILED**

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*Mar C. Parker*

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

*Dec 10 - 1930*

**17.**

I HEREBY CERTIFY, That I attended deceased from *July 6*, 19*30* to *July 10*, 19*30*, that I last saw him alive on *July 10*, 19*30*, and that death occurred, on the date stated above, at *10:00 a.m.*

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

*Bronchial Pneumonia  
1077*

(duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

*100W*

(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

Did an operation precede death? .. DATE OF ..

Was there an autopsy? *no*

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) *J. P. Borden*, M. D.

, 19 (Address) *274 1/2 Franklin*

\*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**

**DATE OF BURIAL**

*Greenwood*

*2/17 1930*

**20. UNDERTAKER**

**ADDRESS**

*Russell Underhill*

*2439 Pine St*

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.

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