

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

Do not use this space.

APR 23 1930

8040

1. PLACE OF DEATH

County Charlton
Township Missouri
City Near Missouri (No.)

Registration District No. 169
Primary Registration District No. 5235

File No.
Registered No. 4
St. Ward)

2. FULL NAME William 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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mr. Lillian Black

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-22-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 6 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farmwork
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Virginia

10. NAME OF FATHER Joe M. Black

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

12. MAIDEN NAME OF MOTHER Martha E. Boyers

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

14. INFORMANT Marion Black
(Address) Missouri Mo

15. FILED 3/16 1930 H. E. Determ
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 15 1930

17. I HEREBY CERTIFY, That I attended deceased from Mich 1, 1930, to Mich 15, 1930 that I last saw him alive on Mich 15, 1930, and that death occurred, on the date stated above, at 10:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-pneumonia
Influenza
(duration) yrs. mos. 5 da.
(SECONDARY) (duration) yrs. mos. 10 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, DATE OF ...
DID AN OPERATION PRECEDE DEATH? ... DATE OF ...
WAS THERE AN AUTOPSY? ...

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Harry E. Determ, M.D.
3/16, 1930 (Address) Brunswick 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Brunswick Mo DATE OF BURIAL March 17 1930
ADDRESS

20. UNDERTAKER L. Weir Black

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.

WRITE YEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

