

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.

DEC 22 1930

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

Do not use this space.

36481

1. PLACE OF DEATH
 County Jackson Registration District No. Has 1
 Township Prairie Primary Registration District No. 303 P
 City Patton, Pollock, No Jackson county, Home St. _____ Ward _____
 Registered No. 162
 File No. _____
 (a) Residence. No. 1623 Holmes St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 20 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 widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amerson
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
Abou 56
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Truck Carrier
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ark
 (STATE OR COUNTRY)
 10. NAME OF FATHER Dont know
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ark
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Dont know
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont know
 (STATE OR COUNTRY)

14. INFORMANT Junie Woods
 (Address) 1623 Holmes
 15. 12/20 H. S. Jones
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 21, 1930
 17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1930, to Nov 21, 1930, that I last saw h. alive on Nov 21, 1930 and that death occurred, on the date stated above, at 1:20 p. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio + Mitral Incur of Injury
975
 (duration) yrs. mos. ds. 20
 CONTRIBUTORY Acute Indigestion
 (SECONDARY) (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? _____
 WHAT TEST CONFIRMED DIAGNOSIS Physical Exam -
 (Signed) L. W. Booker, M. D.
17-780 (Address) 2200 - Vine St
 *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 Blue Ridge Lawn Cem DATE OF BURIAL 12-2-30
19
 20. UNDERTAKER Flynn + Greenstreet ADDRESS 100 C. Mo.

